

**South Dakota Medicaid**  
**Durable Medical Equipment, Prosthetics, Orthotics and Supplies Fee Schedule**  
Effective July 1, 2021

Providers must bill for services at the lesser of their usual and customary charge or MSRP. Providers may be required to submit documentation supporting the billed amount is MSRP or lower. Reimbursement is the lesser of the billed amount or the amount listed below. Providers must append applicable modifiers to procedure codes. A list of authorized modifiers and payment effects is available at: <https://dss.sd.gov/docs/medicaid/modifiers.pdf>.

Providers should refer to South Dakota Medicaid's provider manual webpage for applicable coverage criteria and claim instructions: <https://dss.sd.gov/medicaid/providers/billingmanuals/>. For information regarding requesting a coverage or rate change refer to the Reconsideration, Reviews, Coverage Requests, and Fair Hearing provider manual.

Note: One unit per month is billable for capped rental items. The item is considered purchased after 12 units have been paid by South Dakota Medicaid without a break in rental payments of three or more consecutive months. **Changes to current fees are indicated in red**

Code	Description	Fee	Purchase or Rental	Prior Auth Status
A4206	Syringe With Needle, Sterile, 1 Cc Or Less, Each	\$ 0.34	Purchase	
A4207	Syringe With Needle, Sterile 2Cc, Each	\$ 0.34	Purchase	
A4208	Syringe With Needle, Sterile 3Cc, Each	\$ 0.34	Purchase	
A4209	Syringe With Needle, Sterile 5Cc Or Greater, Each	\$ 0.47	Purchase	
A4210	Needle-Free Injection Device, Each	Price By Report	Purchase	
A4211	Supplies For Self-Administered Injections	Price By Report	Purchase	
A4212	Non-Coring Needle	\$ 15.96	Purchase	
A4213	Syringe, Sterile, 20 Cc Or Greater, Each	\$ 7.46	Purchase	
A4215	Needle, Sterile, Any Size, Each	\$ 0.30	Purchase	
A4216	Sterile Water, Saline And/Or Dextrose, Diluent/Flush, 10 MI	\$ 0.44	Purchase	
A4217	Sterile Water/Saline, 500 MI	\$ 3.51	Purchase	
A4218	Sterile Saline Or Water, Metered Dose Dispenser, 10 MI	\$ 0.38	Purchase	
A4220	Refill Kit For Implantable Infusion Pump	\$ 34.19	Purchase	
A4221	Supplies For Maintenance Of Non-Insulin Drug Infusion Catheter, Per Week (List Drugs Separately)	\$ 22.69	Purchase	
A4222	Infusion Supplies For External Drug Infusion Pump, Per Cassette Or Bag (List Drugs Separately)	\$ 45.03	Purchase	
A4223	Infusion Supplies Not Used With External Infusion Pump, Per Cassette Or Bag (List Drugs Separately)	\$ 58.90	Purchase	
A4224	Supplies For Maintenance Of Insulin Infusion Catheter, Per Week	\$ 18.50	Purchase	
A4225	Supplies For External Insulin Infusion Pump, Syringe Type Cartridge, Sterile, Each	\$ 2.49	Purchase	
A4226	Supplies For Maintenance Of Insulin Infusion Pump With Dosage Rate Adjustment Using Therapeutic Continuous Glucose Sensing, Per Week	Price By Report	Purchase	PA Required
A4230	Infusion Set For External Insulin Pump, Non Needle Cannula Type	\$ 12.54	Purchase	
A4231	Infusion Set For External Insulin Pump, Needle Type	Price By Report	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
A4232	Syringe With Needle For External Insulin Pump, Sterile, 3Cc	Price By Report	Purchase	
A4233	Replacement Battery, Alkaline (Other Than J Cell), For Use With Medically Necessary Home Blood Glucose Monitor Owned By Patient, Each	\$ 0.77	Purchase	
A4234	Replacement Battery, Alkaline, J Cell, For Use With Medically Necessary Home Blood Glucose Monitor Owned By Patient, Each	\$ 3.49	Purchase	
A4235	Replacement Battery, Lithium, For Use With Medically Necessary Home Blood Glucose Monitor Owned By Patient, Each	\$ 2.24	Purchase	
A4236	Replacement Battery, Silver Oxide, For Use With Medically Necessary Home Blood Glucose Monitor Owned By Patient, Each	\$ 1.60	Purchase	
A4244	Alcohol Or Peroxide, Per Pint	\$ 4.03	Purchase	
A4245	Alcohol Wipes, Per Box	\$ 4.26	Purchase	
A4246	Betadine Or Phisohex Solution, Per Pint	\$ 4.70	Purchase	
A4247	Betadine Or Iodine Swabs/Wipes, Per Box	\$ 4.03	Purchase	
A4248	Chlorhexidine Containing Antiseptic, 1 MI	Price By Report		
A4250	Urine Test Or Reagent Strips Or Tablets (100 Tablets Or Strips)	\$ 0.74	Purchase	
A4252	Blood Ketone Test Or Reagent Strip, Each	Price By Report		
A4253	Blood Glucose Test Or Reagent Strips For Home Blood Glucose Monitor, Per 50 Strips	\$ 33.90	Purchase	
A4255	Platforms For Home Blood Glucose Monitor, 50 Per Box	\$ 4.57	Purchase	
A4256	Normal, Low And High Calibrator Solution / Chips	\$ 9.30	Purchase	
A4257	Replacement Lens Shield Cartridge For Use With Laser Skin Piercing Device, Each	\$ 14.16	Purchase	
A4258	Spring-Powered Device For Lancet, Each	\$ 7.31	Purchase	
A4259	Lancets, Per Box Of 100	\$ 11.05	Purchase	
A4262	Temporary, Absorbable Lacrimal Duct Implant, Each	Price By Report		
A4263	Permanent, Long Term, Non-Dissolvable Lacrimal Duct Implant, Each	\$ 35.36	Purchase	
A4265	Paraffin, Per Pound	\$ 3.77	Purchase	
A4280	Adhesive Skin Support Attachment For Use With External Breast Prosthesis, Each	\$ 5.93	Purchase	
A4281	Tubing For Breast Pump, Replacement	Price By Report	Purchase	
A4282	Adapter For Breast Pump, Replacement	Price By Report	Purchase	
A4283	Cap For Breast Pump Bottle, Replacement	Price By Report	Purchase	
A4284	Breast Shield And Splash Protector For Use With Breast Pump, Replacement	Price By Report	Purchase	
A4285	Polycarbonate Bottle For Use With Breast Pump, Replacement	Price By Report	Purchase	
A4286	Locking Ring For Breast Pump, Replacement	Price By Report	Purchase	
A4290	Sacral Nerve Stimulation Test Lead, Each	Price By Report	Purchase	
A4300	Implantable Access Catheter, (E.G., Venous, Arterial, Epidural Subarachnoid, Or Peritoneal, Etc.) External Access	\$ 35.17	Purchase	
A4301	Implantable Access Total Catheter, Port/Reservoir (E.G., Venous, Arterial, Epidural, Subarachnoid, Peritoneal, Etc.)	\$ 9.12	Purchase	
A4305	Disposable Drug Delivery System, Flow Rate Of 50 MI Or Greater Per Hour	\$ 14.68	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
A4306	Disposable Drug Delivery System, Flow Rate Of Less Than 50 Ml Per Hour	Price By Report	Purchase	
A4310	Insertion Tray Without Drainage Bag And Without Catheter (Accessories Only)	\$ 8.29	Purchase	
A4311	Insertion Tray Without Drainage Bag With Indwelling Catheter, Foley Type, Two-Way Latex With Coating (Teflon, Silicone, Silicone Elastomer Or Hydrophilic, Etc.)	\$ 15.91	Purchase	
A4312	Insertion Tray Without Drainage Bag With Indwelling Catheter, Foley Type, Two-Way, All Silicone	\$ 16.11	Purchase	
A4313	Insertion Tray Without Drainage Bag With Indwelling Catheter, Foley Type	\$ 16.11	Purchase	
A4314	Insertion Tray With Drainage Bag With Indwelling Catheter, Foley Type, Two-Way Latex With Coating (Teflon, Silicone, Silicone Elastomer Or Hydrophilic, Etc.)	\$ 27.15	Purchase	
A4315	Insertion Tray With Drainage Bag With Indwelling Catheter, Foley Type, Two-Way, All Silicone	\$ 28.32	Purchase	
A4316	Insertion Tray With Drainage Bag With Indwelling Catheter, Foley Type, Three-Way, For Continuous Irrigation	\$ 27.46	Purchase	
A4320	Irrigation Tray With Bulb Or Piston Syringe, Any Purpose	\$ 5.73	Purchase	
A4321	Therapeutic Agent For Urinary Catheter Irrigation	\$ 43.32	Purchase	
A4322	Irrigation Syringe, Bulb Or Piston, Each	\$ 3.28	Purchase	
A4326	Male External Catheter With Integral Collection Chamber, Any Type, Each	\$ 9.78	Purchase	
A4327	Female External Urinary Collection Device; Meatal Cup, Each	\$ 47.59	Purchase	
A4328	Female External Urinary Collection Device; Pouch, Each	\$ 10.51	Purchase	
A4330	Perianal Fecal Collection Pouch With Adhesive, Each	\$ 7.18	Purchase	
A4331	Extension Drainage Tubing, Any Type, Any Length, With Connector/Adaptor, For Use With Urinary Leg Bag Or Urostomy Pouch, Each	\$ 3.54	Purchase	
A4332	Lubricant, Individual Sterile Packet, Each	\$ 0.13	Purchase	
A4333	Urinary Catheter Anchoring Device, Adhesive Skin Attachment, Each	\$ 2.45	Purchase	
A4334	Urinary Catheter Anchoring Device, Leg Strap, Each	\$ 5.47	Purchase	
A4335	Incontinence Supply; Miscellaneous As Of 7/1/19 Dme Providers (Claim Type 9) Will Be Paid At 90% Of Billed Charges. All Other Claim Types Will Be Paid As Rate Indicates Below	\$ 1.02	Purchase	
A4336	Incontinence Supply, Urethral Insert, Any Type, Each	\$ 1.59	Purchase	
A4338	Indwelling Catheter; Foley Type, Two-Way Latex With Coating (Teflon, Silicone, Silicone Elastomer, Or Hydrophilic, Etc.), Each	\$ 13.17	Purchase	
A4340	Indwelling Catheter; Specialty Type, Eg; Coude, Mushroom, Wing, Etc.), Each	\$ 20.81	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
A4344	Indwelling Catheter, Foley Type, Two-Way, All Silicone, Each	\$ 16.47	Purchase	
A4346	Indwelling Catheter; Foley Type, Three Way For Continuous Irrigation, Each	\$ 19.67	Purchase	
A4349	Male External Catheter, With Or Without Adhesive, Disposable, Each	\$ 20.42	Purchase	
A4351	Intermittent Urinary Catheter; Straight Tip, With Or Without Coating (Teflon, Silicone, Silicone Elastomer, Or Hydrophilic, Etc.), Each	\$ 1.65	Purchase	
A4352	Intermittent Urinary Catheter; Coude (Curved) Tip, With Or Without Coating (Teflon, Silicone, Silicone Elastomeric, Or Hydrophilic, Etc.), Each	\$ 5.87	Purchase	
A4353	Intermittent Urinary Catheter, With Insertion Supplies	\$ 7.77	Purchase	
A4354	Insertion Tray With Drainage Bag But Without Catheter	\$ 12.41	Purchase	
A4355	Irrigation Tubing Set For Continuous Bladder Irrigation Through A Three-Way Indwelling Foley Catheter, Each	\$ 7.61	Purchase	
A4356	External Urethral Clamp Or Compression Device (Not To Be Used For Catheter Clamp), Each	\$ 45.76	Purchase	
A4357	Bedside Drainage Bag, Day Or Night, With Or Without Anti-Reflux Device, With Or Without Tube, Each	\$ 10.43	Purchase	
A4358	Urinary Drainage Bag, Leg Or Abdomen, Vinyl, With Or Without Tube, With Straps, Each	\$ 6.06	Purchase	
A4361	Ostomy Faceplate, Each	\$ 15.66	Purchase	
A4362	Skin Barrier; Solid, 4 X 4 Or Equivalent; Each	\$ 3.72	Purchase	
A4364	Adhesive For Ostomy Or Catheter; Liquid (Spray, Brush, Etc.), Cement, Powder Or Paste; Any Composition (E.G. Silicone, Latex, Etc); Per Oz.	\$ 2.68	Purchase	
A4366	Ostomy Vent, Any Type, Each	\$ 1.45	Purchase	
A4367	Ostomy Belt, Each	\$ 7.90	Purchase	
A4368	Ostomy Filter, Any Type, Each	\$ 0.29	Purchase	
A4369	Ostomy Skin Barrier, Liquid (Spray, Brush, Etc), Per Oz	\$ 2.28	Purchase	
A4371	Ostomy Skin Barrier, Powder, Per Oz	\$ 4.01	Purchase	
A4372	Ostomy Skin Barrier, Solid 4X4 Or Equivalent, Standard Wear, With Built-In Convexity, Each	\$ 4.63	Purchase	
A4373	Ostomy Skin Barrier, With Flange (Solid, Flexible Or Accordion), With Built-In Convexity, Any Size, Each	\$ 6.95	Purchase	
A4375	Ostomy Pouch, Drainable, With Faceplate Attached, Plastic, Each	\$ 19.08	Purchase	
A4376	Ostomy Pouch, Drainable, With Faceplate Attached, Rubber, Each	\$ 52.86	Purchase	
A4377	Ostomy Pouch, Drainable, For Use On Faceplate, Plastic, Each	\$ 4.78	Purchase	
A4378	Ostomy Pouch, Drainable, For Use On Faceplate, Rubber, Each	\$ 34.15	Purchase	
A4379	Ostomy Pouch, Urinary, With Faceplate Attached, Plastic, Each	\$ 16.68	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
A4380	Ostomy Pouch, Urinary, With Faceplate Attached, Rubber, Each	\$ 41.47	Purchase	
A4381	Ostomy Pouch, Urinary, For Use On Faceplate, Plastic, Each	\$ 5.14	Purchase	
A4382	Ostomy Pouch, Urinary, For Use On Faceplate, Heavy Plastic, Each	\$ 27.34	Purchase	
A4383	Ostomy Pouch, Urinary, For Use On Faceplate, Rubber, Each	\$ 31.31	Purchase	
A4384	Ostomy Faceplate Equivalent, Silicone Ring, Each	\$ 10.67	Purchase	
A4385	Ostomy Skin Barrier, Solid 4X4 Or Equivalent, Extended Wear, Without Built-In Convexity, Each	\$ 5.66	Purchase	
A4387	Ostomy Pouch, Closed, With Barrier Attached, With Built-In Convexity (1 Piece), Each	\$ 2.35	Purchase	
A4388	Ostomy Pouch, Drainable, With Extended Wear Barrier Attached, (1 Piece), Each	\$ 4.85	Purchase	
A4389	Ostomy Pouch, Drainable, With Barrier Attached, With Built-In Convexity (1 Piece), Each	\$ 6.90	Purchase	
A4390	Ostomy Pouch, Drainable, With Extended Wear Barrier Attached, With Built-In Convexity (1 Piece), Each	\$ 10.66	Purchase	
A4391	Ostomy Pouch, Urinary, With Extended Wear Barrier Attached (1 Piece), Each	\$ 7.85	Purchase	
A4392	Ostomy Pouch, Urinary, With Standard Wear Barrier Attached, With Built-In Convexity (1 Piece), Each	\$ 9.09	Purchase	
A4393	Ostomy Pouch, Urinary, With Extended Wear Barrier Attached, With Built-In Convexity (1 Piece), Each	\$ 10.04	Purchase	
A4394	Ostomy Deodorant, With Or Without Lubricant, For Use In Ostomy Pouch, Per Fluid Ounce	\$ 2.88	Purchase	
A4395	Ostomy Deodorant For Use In Ostomy Pouch, Solid, Per Tablet	\$ 0.05	Purchase	
A4396	Ostomy Belt With Peristomal Hernia Support	\$ 44.97	Purchase	
A4397	Irrigation Supply; Sleeve, Each	\$ 4.81	Purchase	
A4398	Ostomy Irrigation Supply; Bag, Each	\$ 13.60	Purchase	
A4399	Ostomy Irrigation Supply; Cone/Catheter, With Or Without Brush	\$ 10.12	Purchase	
A4400	Ostomy Irrigation Set	\$ 49.04	Purchase	
A4402	Lubricant	\$ 1.71	Purchase	
A4404	Ostomy Rings	\$ 1.46	Purchase	
A4405	Ostomy Skin Barrier, Non-Pectin Based, Paste, Per Ounce	\$ 3.78	Purchase	
A4406	Ostomy Skin Barrier, Pectin-Based, Paste, Per Ounce	\$ 6.42	Purchase	
A4407	Ostomy Skin Barrier, With Flange (Solid, Flexible, Or Accordion), Extended Wear, With Built-In Convexity, 4 X 4 Inches Or Smaller, Each	\$ 9.75	Purchase	
A4408	Ostomy Skin Barrier, With Flange (Solid, Flexible Or Accordion), Extended Wear, With Built-In Convexity, Larger Than 4 X 4 Inches, Each	\$ 10.95	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
A4409	Ostomy Skin Barrier, With Flange (Solid, Flexible Or Accordion), Extended Wear, Without Built-In Convexity, 4 X 4 Inches Or Smaller, Each	\$ 6.90	Purchase	
A4410	Ostomy Skin Barrier, With Flange (Solid, Flexible Or Accordion), Extended Wear, Without Built-In Convexity, Larger Than 4 X 4 Inches, Each	\$ 10.04	Purchase	
A4411	Ostomy Skin Barrier, Solid 4X4 Or Equivalent, Extended Wear, With Built-In Convexity, Each	\$ 5.66	Purchase	
A4412	Ostomy Pouch, Drainable, High Output, For Use On A Barrier With Flange (2 Piece System), Without Filter, Each	\$ 3.00	Purchase	
A4413	Ostomy Pouch, Drainable, High Output, For Use On A Barrier With Flange (2 Piece System), With Filter, Each	\$ 6.11	Purchase	
A4414	Ostomy Skin Barrier, With Flange (Solid, Flexible Or Accordion), Without Built-In Convexity, 4 X 4 Inches Or Smaller, Each	\$ 5.47	Purchase	
A4415	Ostomy Skin Barrier, With Flange (Solid, Flexible Or Accordion), Without Built-In Convexity, Larger Than 4X4 Inches, Each	\$ 6.67	Purchase	
A4416	Ostomy Pouch, Closed, With Barrier Attached, With Filter (1 Piece), Each	\$ 3.06	Purchase	
A4417	Ostomy Pouch, Closed, With Barrier Attached, With Built-In Convexity, With Filter (1 Piece), Each	\$ 4.14	Purchase	
A4418	Ostomy Pouch, Closed; Without Barrier Attached, With Filter (1 Piece), Each	\$ 2.02	Purchase	
A4419	Ostomy Pouch, Closed; For Use On Barrier With Non-Locking Flange, With Filter (2 Piece), Each	\$ 1.94	Purchase	
A4420	Ostomy Pouch, Closed; For Use On Barrier With Locking Flange (2 Piece), Each	Price By Report	Purchase	
A4422	Ostomy Absorbent Material (Sheet/Pad/Crystal Packet) For Use In Ostomy Pouch To Thicken Liquid Stomal Output, Each	\$ 0.13	Purchase	
A4423	Ostomy Pouch, Closed; For Use On Barrier With Locking Flange, With Filter (2 Piece), Each	\$ 2.07	Purchase	
A4424	Ostomy Pouch, Drainable, With Barrier Attached, With Filter (1 Piece), Each	\$ 5.28	Purchase	
A4425	Ostomy Pouch, Drainable; For Use On Barrier With Non-Locking Flange, With Filter (2 Piece System), Each	\$ 3.98	Purchase	
A4426	Ostomy Pouch, Drainable; For Use On Barrier With Locking Flange (2 Piece System), Each	\$ 3.04	Purchase	
A4427	Ostomy Pouch, Drainable; For Use On Barrier With Locking Flange, With Filter (2 Piece System), Each	\$ 3.09	Purchase	
A4428	Ostomy Pouch, Urinary, With Extended Wear Barrier Attached, With Faucet-Type Tap With Valve (1 Piece), Each	\$ 7.24	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
A4429	Ostomy Pouch, Urinary, With Barrier Attached, With Built-In Convexity, With Faucet-Type Tap With Valve (1 Piece), Each	\$ 9.18	Purchase	
A4430	Ostomy Pouch, Urinary, With Extended Wear Barrier Attached, With Built-In Convexity, With Faucet-Type Tap With Valve (1 Piece), Each	\$ 9.45	Purchase	
A4431	Ostomy Pouch, Urinary; With Barrier Attached, With Faucet-Type Tap With Valve (1 Piece), Each	\$ 6.90	Purchase	
A4432	Ostomy Pouch, Urinary; For Use On Barrier With Non-Locking Flange, With Faucet-Type Tap With Valve (2 Piece), Each	\$ 3.99	Purchase	
A4433	Ostomy Pouch, Urinary; For Use On Barrier With Locking Flange (2 Piece), Each	\$ 3.72	Purchase	
A4434	Ostomy Pouch, Urinary; For Use On Barrier With Locking Flange, With Faucet-Type Tap With Valve (2 Piece), Each	\$ 4.17	Purchase	
A4435	Ostomy Pouch, Drainable, High Output, With Extended Wear Barrier (One-Piece System), With Or Without Filter, Each	\$ 6.42	Purchase	
A4450	Tape, Non-Waterproof, Per 18 Square Inches	\$ 5.99	Purchase	
A4452	Tape, Waterproof, Per 18 Square Inches	\$ 2.04	Purchase	
A4455	Adhesive Remover Or Solvent (For Tape, Cement Or Other Adhesive)	\$ 1.54	Purchase	
A4456	Adhesive Remover, Wipes, Any Type, Each	\$ 0.28	Purchase	
A4458	Enema Bag With Tubing, Reusable	\$ 2.57	Purchase	
A4459	Manual Pump-Operated Enema System, Includes Balloon, Catheter And All Accessories, Reusable, Any Type	Price By Report	Purchase	
A4461	Surgical Dressing Holder, Non-Reusable, Each	\$ 3.65	Purchase	
A4463	Surgical Dressing Holder, Reusable, Each	\$ 14.80	Purchase	
A4465	Non-Elastic Binder For Extremity	\$ 45.22	Purchase	
A4467	Belt, Strap, Sleeve, Garment, Or Covering, Any Type	Price By Report	Purchase	
A4470	Gravlee Jet Washer	Price By Report	Purchase	
A4480	Vabra Aspirator	Price By Report	Purchase	
A4481	Thracheostoma Filter, Any Type, Any Size, Each	\$ 0.43	Purchase	
A4483	Moisture Exchanger, Disposable, For Use With Invasive Mechanical Ventilation	\$ 11.40	Purchase	
A4490	Surgical Stockings Above Knee Length, Each	\$ 17.09	Purchase	
A4495	Surgical Stockings Thigh Length, Each	\$ 24.30	Purchase	
A4500	Surgical Stockings Below Knee Length, Each	\$ 12.74	Purchase	
A4510	Surgical Stockings Full Length, Each	Price By Report	Purchase	
A4550	Surgical Trays	\$ 34.29	Purchase	
A4555	Electrode/Transducer For Use With Electrical Stimulation Device Used For Cancer Treatment, Replacement Only	Price By Report	Purchase	
A4556	Electrodes, (E.G., Apnea Monitor), Per Pair	\$ 13.57	Purchase	
A4557	Lead Wires, (E.G., Apnea Monitor), Per Pair	\$ 23.61	Purchase	
A4559	Coupling Gel Or Paste, For Use With Ultrasound Device, Per Oz	\$ 0.10	Purchase	
A4561	Pessary, Rubber, Any Type	\$ 22.95	Purchase	
A4562	Pessary, Non Rubber, Any Type	\$ 57.16	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
A4563	Rectal Control System For Vaginal Insertion, For Long Term Use, Includes Pump And All Supplies And Accessories, Any Type Each	\$ 123.10	Purchase	PA Required
A4565	Slings	\$ 18.03	Purchase	
A4566	Shoulder Sling Or Vest Design, Abduction Restrainer, With Or Without Swathe Control, Prefabricated, Includes Fitting And Adjustment	Price By Report	Purchase	
A4570	Splint	\$ 25.73	Purchase	
A4580	Cast Supplies (E.G. Plaster)	\$ 30.96	Purchase	
A4595	Electrical Stimulator Supplies, 2 Lead, Per Month, (E.G. Tens, Nmes)	\$ 20.45	Purchase	
A4600	Sleeve For Intermittent Limb Compression Device, Replacement Only, Each	Price By Report	Purchase	
A4601	Lithium Ion Battery, Rechargeable, For Non-Prosthetic Use, Replacement	Price By Report	Purchase	
A4602	Replacement Battery For External Infusion Pump Owned By Patient, Lithium, 1.5 Volt, Each	\$ 3.90	Purchase	
A4604	Tubing With Integrated Heating Element For Use With Positive Airway Pressure Device	\$ 63.95	Purchase	
A4605	Tracheal Suction Catheter, Closed System, Each	\$ 18.22	Purchase	
A4606	Oxygen Probe For Use With Oximeter Device, Replacement	\$ 64.71	Purchase	
A4608	Transtracheal Oxygen Catheter, Each	\$ 55.69	Purchase	
A4611	Battery, Heavy Duty; Replacement For Patient Owned Ventilator	\$ 197.10	Purchase	
A4612	Battery Cables; Replacement For Patient-Owned Ventilator	\$ 80.19	Purchase	
A4613	Battery Charger; Replacement For Patient-Owned Ventilator	\$ 122.97	Purchase	
A4614	Peak Expiratory Flow Rate Meter, Hand Held	\$ 25.53	Purchase	
A4615	Cannula, Nasal	\$ 0.80	Purchase	
A4616	Tubing (Oxygen), Per Foot	\$ 0.06	Purchase	
A4617	Mouth Piece	\$ 2.27	Purchase	
A4618	Breathing Circuits	\$ 9.55	Purchase	
A4619	Face Tent	\$ 2.06	Purchase	
A4620	Variable Concentration Mask	\$ 0.70	Purchase	
A4623	Tracheostomy, Inner Cannula	\$ 7.02	Purchase	
A4624	Tracheal Suction Catheter, Any Type Other Than Closed System, Each	\$ 3.35	Purchase	
A4625	Tracheostomy Care Or Cleaning Starter Kit	\$ 6.32	Purchase	
A4626	Tracheostomy Cleaning Brush, Each	\$ 2.72	Purchase	
A4627	Spacer, Bag Or Reservoir, With Or Without Mask, For Use With Metered Dose Inhaler	\$ 17.79	Purchase	
A4628	Oropharyngeal Suction Catheter, Each	\$ 4.07	Purchase	
A4629	Tracheostomy Care Kit For Established Tracheostomy	\$ 5.14	Purchase	
A4630	Replacement Batteries, Medically Necessary, Transcutaneous Electrical Stimulator, Owned By Patient	\$ 6.28	Purchase	
A4633	Replacement Bulb/Lamp For Ultraviolet Light Therapy System, Each	\$ 45.59	Purchase	
A4634	Replacement Bulb For Therapeutic Light Box, Tabletop Model	Price By Report	Purchase	
A4635	Underarm Pad, Crutch, Replacement, Each	\$ 5.14	Purchase	



Code	Description	Fee	Purchase or Rental	Prior Auth Status
A4636	Replacement, Handgrip, Cane, Crutch, Or Walker, Each	\$ 3.58	Purchase	
A4637	Replacement, Tip, Cane, Crutch, Walker, Each.	\$ 2.12	Purchase	
A4638	Replacement Battery For Patient-Owned Ear Pulse Generator, Each	Price By Report	Purchase	
A4640	Replacement Pad For Use With Medically Necessary Alternating Pressure Pad Owned By Patient	\$ 63.53	Purchase	
A4641	Supply Of Radiopharmaceutical Diagnostic Imaging Agent	\$ 249.64		
A4642	Supply Of Satumomab Pendetide, Radiopharmaceutical Diagnostic Imaging Agent, Per Dose	Price By Report	Purchase	
A4648	Tissue Marker, Implantable, Any Type, Each	Price By Report	Purchase	
A4649	Surgical Supply; Miscellaneous	Price By Report	Purchase	
A4651	Calibrated Microcapillary Tube, Each	Price By Report	Purchase	
A4652	Microcapillary Tube Sealant	Price By Report	Purchase	
A4653	Peritoneal Dialysis Catheter Anchoring Device, Belt, Each	Price By Report	Purchase	
A4657	Syringe, With Or Without Needle, Each	\$ 0.46	Purchase	
A4671	Disposable Cyclor Set Used With Cyclor Dialysis Machine, Each	Price By Report	Purchase	
A4672	Drainage Extension Line, Sterile, For Dialysis, Each	Price By Report	Purchase	
A4673	Extension Line With Easy Lock Connectors, Used With Dialysis	Price By Report	Purchase	
A4674	Chemicals/Antiseptics Solution Used To Clean/Sterilize Dialysis Equipment, Per 8 Oz	Price By Report	Purchase	
A4680	Activated Carbon Filter For Hemodialysis, Each	Price By Report	Purchase	
A4690	Dialyzer (Artificial Kidneys), All Types, All Sizes, For Hemodialysis, Each	Price By Report	Purchase	
A4706	Bicarbonate Concentrate, Solution, For Hemodialysis, Per Gallon	Price By Report	Purchase	
A4707	Bicarbonate Concentrate, Powder, For Hemodialysis, Per Packet	Price By Report	Purchase	
A4708	Acetate Concentrate Solution, For Hemodialysis, Per Gallon	Price By Report	Purchase	
A4709	Acid Concentrate, Solution, For Hemodialysis, Per Gallon	Price By Report	Purchase	
A4714	Treated Water (Deionized, Distilled, Or Reverse Osmosis) For Peritoneal Dialysis, Per Gallon	Price By Report	Purchase	
A4719	Y Set Tubing For Peritoneal Dialysis	Price By Report	Purchase	
A4720	Dialysate Solution, Any Concentration Of Dextrose, Fluid Volume Greater Than 249 Cc, But Less Than Or Equal To 999 Cc, For Peritoneal Dialysis	Price By Report	Purchase	
A4721	Dialysate Solution, Any Concentration Of Dextrose, Fluid Volume Greater Than 999 Cc But Less Than Or Equal To 1999 Cc, For Peritoneal Dialysis	Price By Report	Purchase	
A4722	Dialysate Solution, Any Concentration Of Dextrose, Fluid Volume Greater Than 1999 Cc But Less Than Or Equal To 2999 Cc, For Peritoneal Dialysis	Price By Report	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
A4723	Dialysate Solution, Any Concentration Of Dextrose, Fluid Volume Greater Than 2999 Cc But Less Than Or Equal To 3999 Cc, For Peritoneal Dialysis	Price By Report	Purchase	
A4724	Dialysate Solution, Any Concentration Of Dextrose, Fluid Volume Greater Than 3999 Cc But Less Than Or Equal To 4999 Cc, For Peritoneal Dialysis	Price By Report	Purchase	
A4725	Dialysate Solution, Any Concentration Of Dextrose, Fluid Volume Greater Than 4999 Cc But Less Than Or Equal To 5999 Cc, For Peritoneal Dialysis	Price By Report	Purchase	
A4726	Dialysate Solution, Any Concentration Of Dextrose, Fluid Volume Greater Than 5999 Cc, For Peritoneal Dialysis	Price By Report	Purchase	
A4728	Dialysate Solution, Non-Dextrose Containing, 500 MI	Price By Report	Purchase	
A4730	Fistula Cannulation Set For Hemodialysis, Each	Price By Report	Purchase	
A4736	Topical Anesthetic, For Dialysis, Per Gram	Price By Report	Purchase	
A4737	Injectable Anesthetic, For Dialysis, Per 10 MI	Price By Report	Purchase	
A4740	Shunt Accessory, For Hemodialysis, Any Type, Each	Price By Report	Purchase	
A4750	Blood Tubing, Arterial Or Venous, For Hemodialysis, Each	\$ 6.84	Purchase	
A4755	Blood Tubing, Arterial And Venous Combined, For Hemodialysis, Each	Price By Report	Purchase	
A4760	Dialysate Solution Test Kit, For Peritoneal Dialysis, Any Type, Each	Price By Report	Purchase	
A4765	Dialysate Concentrate, Powder, Additive For Peritoneal Dialysis, Per Packet	Price By Report	Purchase	
A4766	Dialysate Concentrate, Solution, Additive For Peritoneal Dialysis, Per 10 MI	Price By Report	Purchase	
A4770	Blood Collection Tube, Vacuum, For Dialysis, Per 50	Price By Report	Purchase	
A4771	Serum Clotting Time Tube, For Dialysis, Per 50	Price By Report	Purchase	
A4772	Blood Glucose Test Strips, For Dialysis, Per 50	\$ 5.43	Purchase	
A4773	Occult Blood Test Strips, For Dialysis, Per 50	Price By Report	Purchase	
A4774	Ammonia Test Strips, For Dialysis, Per 50	Price By Report	Purchase	
A4802	Protamine Sulfate, For Hemodialysis, Per 50 Mg	Price By Report	Purchase	
A4860	Disposable Catheter Tips For Peritoneal Dialysis, Per 10	Price By Report	Purchase	
A4870	Plumbing And/Or Electrical Work For Home Hemodialysis Equipment	Price By Report	Purchase	
A4890	Contracts, Repair And Maintenance, For Hemodialysis Equipment	Price By Report	Purchase	
A4911	Drain Bag/Bottle, For Dialysis, Each	Price By Report	Purchase	
A4913	Miscellaneous Dialysis Supplies, Not Otherwise Specified	Price By Report	Purchase	
A4918	Venous Pressure Clamp, For Hemodialysis, Each	Price By Report	Purchase	
A4927	Gloves, Non-Sterile, Per 100	\$ 8.68	Purchase	
A4929	Tourniquet For Dialysis, Each	Price By Report	Purchase	
A4930	Gloves, Sterile, Per Pair	\$ 0.79	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
A4932	Rectal Thermometer, Reusable, Any Type, Each	Price By Report	Purchase	
A5051	Ostomy Pouch, Closed; With Barrier Attached (1 Piece), Each	\$ 2.33	Purchase	
A5052	Ostomy Pouch, Closed; Without Barrier Attached (1 Piece), Each	\$ 1.43	Purchase	
A5053	Ostomy Pouch, Closed; For Use On Faceplate, Each	\$ 1.48	Purchase	
A5054	Ostomy Pouch, Closed; For Use On Barrier With Flange (2 Piece), Each	\$ 1.94	Purchase	
A5055	Stoma Cap	\$ 1.62	Purchase	
A5056	Ostomy Pouch, Drainable, With Extended Wear Barrier Attached, With Filter, (1 Piece), Each	\$ 5.19	Purchase	
A5057	Ostomy Pouch, Drainable, With Extended Wear Barrier Attached, With Built In Convexity, With Filter, (1 Piece), Each	\$ 10.66	Purchase	
A5061	Pouch, Drainable; With Barrier Attached (1 Piece)	\$ 3.78	Purchase	
A5062	Ostomy Pouch, Drainable; Without Barrier Attached (1 Piece), Each	\$ 2.24	Purchase	
A5063	Ostomy Pouch, Drainable; For Use On Barrier With Flange (2 Piece System), Each	\$ 2.91	Purchase	
A5071	Ostomy Pouch, Urinary; With Barrier Attached (1 Piece), Each	\$ 6.44	Purchase	
A5072	Ostomy Pouch, Urinary; Without Barrier Attached (1 Piece), Each	\$ 3.73	Purchase	
A5073	Ostomy Pouch, Urinary; For Use On Barrier With Flange (2 Piece), Each	\$ 3.23	Purchase	
A5081	Stoma Plug Or Seal, Any Type	\$ 2.81	Purchase	
A5082	Continent Device; Catheter For Continent Stoma	\$ 11.94	Purchase	
A5083	Continent Device, Stoma Absorptive Cover For Continent Stoma	\$ 1.91	Purchase	
A5093	Ostomy Accessory; Convex Insert	\$ 1.97	Purchase	
A5102	Bedside Drainage Bottle With Or Without Tubing, Rigid Or Expandable, Each	\$ 29.52	Purchase	
A5105	Urinary Suspensory With Leg Bag, With Or Without Tube, Each	\$ 38.96	Purchase	
A5112	Urinary Drainage Bag, Leg Or Abdomen, Latex, With Or Without Tube, With Straps, Each	\$ 31.60	Purchase	
A5113	Leg Strap; Latex, Replacement Only, Per Set	\$ 4.02	Purchase	
A5114	Leg Strap; Foam Or Fabric, Replacement Only, Per Set	\$ 9.62	Purchase	
A5120	Skin Barrier, Wipes Or Swabs, Each	\$ 0.29	Purchase	
A5121	Skin Barrier; Solid, 6 X 6 Or Equivalent, Each	\$ 8.00	Purchase	
A5122	Skin Barrier; Solid, 8 X 8 Or Equivalent, Each	\$ 12.89	Purchase	
A5126	Adhesive Or Non-Adhesive; Disk Or Foam Pad	\$ 1.34	Purchase	
A5131	Appliance Cleaner, Incontinence And Ostomy Appliances, Per 16 Oz.	\$ 15.91	Purchase	
A5200	Percutaneous Catheter/Tube Anchoring Device, Adhesive Skin Attachment	\$ 12.63	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
A5500	For Diabetics Only, Fitting (Including Follow-Up), Custom Preparation And Supply Of Off-The-Shelf Depth-Inlay Shoe Manufactured To Accommodate Multi- Density Insert(S), Per Shoe.	\$ 70.63	Purchase	
A5501	For Diabetics Only, Fitting (Including Follow-Up), Custom Preparation And Supply Of Shoe Molded From Cast(S) Of Patient'S Foot (Custom Molded Shoe), Per Shoe	\$ 211.86	Purchase	
A5503	For Diabetics Only, Modification (Including Fitting) Of Off-The-Shelf Depth-Inlay Shoe Or Custom-Molded Shoe With Roller Or Rigid Rocker Bottom, Per Shoe	\$ 34.42	Purchase	
A5504	For Diabetics Only, Modification (Including Fitting) Of Off-The-Shelf Depth-Inlay Shoe Or Custom-Molded Shoe With Wedge(S), Per Shoe	\$ 34.42	Purchase	
A5505	For Diabetics Only, Modification (Including Fitting) Of Off-The-Shelf Depth-Inlay Shoe Or Custom-Molded Shoe With Metatarsal Bar, Per Shoe	\$ 34.42	Purchase	
A5506	For Diabetics Only, Modification (Including Fitting) Of Off-The-Shelf Depth-Inlay Shoe Or Custom-Molded Shoe With Off-Set Heel(S), Per Shoe	\$ 34.42	Purchase	
A5507	For Diabetics Only, Not Otherwise Specified Modification (Including Fitting) Of Off-The-Shelf Depth-Inlay Shoe Or Custom-Molded Shoe, Per Shoe	\$ 34.42	Purchase	
A5508	For Diabetics Only, Deluxe Feature Of Off-The-Shelf Depth-Inlay Shoe Or Custom-Molded Shoe, Per Shoe	Price By Report	Purchase	
A5510	For Diabetics Only, Direct Formed, Compression Molded To Patient'S Foot Without External Heat Source, Multiple-Density Insert(S) Prefabricated, Per Shoe	Price By Report	Purchase	
A5512	For Diabetics Only, Multiple Density Insert, Direct Formed, Molded To Foot After External Heat Source Of 230 Degrees Fahrenheit Or Higher, Total Contact With Patient'S Foot, Including Arch, Base Layer Minimum Of 1/4 Inch Material Of Shore A 35 Durometer Or 3/16	\$ 28.81	Purchase	
A5513	For Diabetics Only, Multiple Density Insert, Custom Molded From Model Of Patient'S Foot, Total Contact With Patient'S Foot, Including Arch, Base Layer Minimum Of 3/16 Inch Material Of Shore A 35 Durometer (Or Higher), Includes Arch Filler And Other Shapin	\$ 43.00	Purchase	
A5514	For Diabetics Only, Multiple Density Insert, Made By Direct Carving With Cam Technology From A Rectified Cad Model Created From A Digitized Scan Of The Patient, Total Contact With Patient'S Foot, Including Arch, Base Layer Minimum Of 3/16 Inch Material Of Sho	\$ 42.62	Purchase	PA Required

Code	Description	Fee	Purchase or Rental	Prior Auth Status
A6010	Collagen Based Wound Filler, Dry Form, Sterile, Per Gram Of Collagen	\$ 34.41	Purchase	
A6011	Collagen Based Wound Filler, Gel/Paste, Per Gram Of Collagen	\$ 2.54	Purchase	
A6021	Collagen Dressing, Sterile, Size 16 Sq. In. Or Less, Each	\$ 22.57	Purchase	
A6022	Collagen Dressing, Sterile, Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Each	\$ 23.35	Purchase	
A6023	Collagen Dressing, Sterile, Size More Than 48 Sq. In., Each	\$ 211.39	Purchase	
A6024	Collagen Dressing Wound Filler, Sterile, Per 6 Inches	\$ 6.87	Purchase	
A6025	Gel Sheet For Dermal Or Epidermal Application, (E.G., Silicone, Hydrogel, Other), Each	\$ 7.98	Purchase	
A6154	Wound Pouch, Each	\$ 15.96	Purchase	
A6196	Alginate Or Other Fiber Gelling Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. Or Less, Each Dressing	\$ 8.16	Purchase	
A6197	Alginate Or Other Fiber Gelling Dressing, Wound Cover, Sterile, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Each Dressing	\$ 18.37	Purchase	
A6198	Alginate Or Other Fiber Gelling Dressing, Wound Cover, Sterile, Pad Size More Than 48 Sq. In., Each Dressing	Price By Report	Purchase	
A6199	Alginate Or Other Fiber Gelling Dressing, Wound Filler, Sterile, Per 6 Inches	\$ 5.87	Purchase	
A6203	Composite Dressing, Sterile, Pad Size 16 Sq. In. Or Less, With Any Size Adhesive Border, Each Dressing	\$ 2.43	Purchase	
A6204	Composite Dressing, Sterile, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., With Any Size Adhesive Border, Each Dressing	\$ 6.91	Purchase	
A6205	Composite Dressing, Sterile, Pad Size More Than 48 Sq. In., With Any Size Adhesive Border, Each Dressing	Price By Report	Purchase	
A6206	Contact Layer, Sterile, 16 Sq. In. Or Less, Each Dressing	Price By Report	Purchase	
A6207	Contact Layer, Sterile, More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Each Dressing	\$ 8.15	Purchase	
A6208	Contact Layer, Sterile, More Than 48 Sq. In., Each Dressing	Price By Report	Purchase	
A6209	Foam Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing	\$ 8.02	Purchase	
A6210	Foam Dressing, Wound Cover, Sterile, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing	\$ 22.12	Purchase	
A6211	Foam Dressing, Wound Cover, Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border, Each Dressing	\$ 52.85	Purchase	
A6212	Foam Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. Or Less, With Any Size Adhesive Border, Each Dressing	\$ 10.84	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
A6213	Foam Dressing, Wound Cover, Sterile, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., With Any Size Adhesive Border, Each Dressing	\$ 8.19	Purchase	
A6214	Foam Dressing, Wound Cover, Sterile, Pad Size More Than 48 Sq. In., With Any Size Adhesive Border, Each Dressing	\$ 11.43	Purchase	
A6215	Foam Dressing, Wound Filler, Sterile, Per Gram	Price By Report	Purchase	
A6216	Gauze, Non-Impregnated, Non-Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing	\$ 0.05	Purchase	
A6217	Gauze, Non-Impregnated, Non-Sterile, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing	Price By Report	Purchase	
A6218	Gauze, Non-Impregnated, Non-Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border, Each Dressing	Price By Report	Purchase	
A6219	Gauze, Non-Impregnated, Sterile, Pad Size 16 Sq. In. Or Less, With Any Size Adhesive Border, Each Dressing	\$ 1.08	Purchase	
A6220	Gauze, Non-Impregnated, Sterile, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., With Any Size Adhesive Border, Each Dressing	\$ 2.78	Purchase	
A6221	Gauze, Non-Impregnated, Sterile, Pad Size More Than 48 Sq. In., With Any Size Adhesive Border, Each Dressing	Price By Report	Purchase	
A6222	Gauze, Impregnated With Other Than Water, Normal Saline, Or Hydrogel, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing	\$ 2.28	Purchase	
A6223	Gauze, Impregnated With Other Than Water, Normal Saline, Or Hydrogel, Sterile, Pad Size More Than 16 Sq. In., But Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing	\$ 2.69	Purchase	
A6224	Gauze, Impregnated With Other Than Water, Normal Saline, Or Hydrogel, Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border, Each Dressing	\$ 4.02	Purchase	
A6228	Gauze, Impregnated, Water Or Normal Saline, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing	Price By Report	Purchase	
A6229	Gauze, Impregnated, Water Or Normal Saline, Sterile, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing	\$ 4.02	Purchase	
A6230	Gauze, Impregnated, Water Or Normal Saline, Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border, Each Dressing	Price By Report	Purchase	
A6231	Gauze, Impregnated, Hydrogel, For Direct Wound Contact, Sterile, Pad Size 16 Sq. In. Or Less, Each Dressing	\$ 5.20	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
A6232	Gauze, Impregnated, Hydrogel, For Direct Wound Contact, Sterile, Pad Size Greater Than 16 Sq. In., But Less Than Or Equal To 48 Sq. In., Each Dressing	\$ 7.64	Purchase	
A6233	Gauze, Impregnated, Hydrogel, For Direct Wound Contact, Sterile, Pad Size More Than 48 Sq. In., Each Dressing	\$ 21.31	Purchase	
A6234	Hydrocolloid Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing	\$ 7.26	Purchase	
A6235	Hydrocolloid Dressing, Wound Cover, Sterile, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing	\$ 18.67	Purchase	
A6236	Hydrocolloid Dressing, Wound Cover, Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border, Each Dressing	\$ 30.27	Purchase	
A6237	Hydrocolloid Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. Or Less, With Any Size Adhesive Border, Each Dressing	\$ 8.86	Purchase	
A6238	Hydrocolloid Dressing, Wound Cover, Sterile, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., With Any Size Adhesive Border, Each Dressing	\$ 25.33	Purchase	
A6239	Hydrocolloid Dressing, Wound Cover, Sterile, Pad Size More Than 48 Sq. In., With Any Size Adhesive Border, Each Dressing	Price By Report	Purchase	
A6240	Hydrocolloid Dressing, Wound Filler, Paste, Sterile, Per Ounce	\$ 13.60	Purchase	
A6241	Hydrocolloid Dressing, Wound Filler, Dry Form, Sterile, Per Gram	\$ 2.84	Purchase	
A6242	Hydrogel Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing	\$ 6.78	Purchase	
A6243	Hydrogel Dressing, Wound Cover, Sterile, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing	\$ 13.68	Purchase	
A6244	Hydrogel Dressing, Wound Cover, Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border, Each Dressing	\$ 43.64	Purchase	
A6245	Hydrogel Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. Or Less, With Any Size Adhesive Border, Each Dressing	\$ 8.05	Purchase	
A6246	Hydrogel Dressing, Wound Cover, Sterile, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., With Any Size Adhesive Border, Each Dressing	\$ 11.03	Purchase	
A6247	Hydrogel Dressing, Wound Cover, Sterile, Pad Size More Than 48 Sq. In., With Any Size Adhesive Border, Each Dressing	\$ 26.43	Purchase	
A6248	Hydrogel Dressing, Wound Filler, Gel, Per Fluid Ounce	\$ 18.04	Purchase	
A6250	Skin Sealants, Protectants, Moisturizers, Ointments, Any Type, Any Size	\$ 7.00	Purchase	
A6251	Specialty Absorptive Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing	\$ 2.22	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
A6252	Specialty Absorptive Dressing, Wound Cover, Sterile, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing	\$ 3.50	Purchase	
A6253	Specialty Absorptive Dressing, Wound Cover, Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border, Each Dressing	\$ 5.41	Purchase	
A6254	Specialty Absorptive Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. Or Less, With Any Size Adhesive Border, Each Dressing	\$ 1.35	Purchase	
A6255	Specialty Absorptive Dressing, Wound Cover, Sterile, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., With Any Size Adhesive Border, Each Dressing	\$ 3.37	Purchase	
A6256	Specialty Absorptive Dressing, Wound Cover, Sterile, Pad Size More Than 48 Sq. In., With Any Size Adhesive Border, Each Dressing	Price By Report	Purchase	
A6257	Transparent Film, Sterile, 16 Sq. In. Or Less, Each Dressing	\$ 1.69	Purchase	
A6258	Transparent Film, Sterile, More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Each Dressing	\$ 4.79	Purchase	
A6259	Transparent Film, Sterile, More Than 48 Sq. In., Each Dressing	\$ 12.15	Purchase	
A6260	Wound Cleansers, Any Type, Any Size	Price By Report	Purchase	
A6261	Wound Filler, Gel/Paste, Per Fluid Ounce, Not Otherwise Specified	\$ 39.88	Purchase	
A6262	Wound Filler, Dry Form, Per Gram, Not Otherwise Specified	Price By Report	Purchase	
A6266	Gauze, Impregnated, Other Than Water, Normal Saline, Or Zinc Paste, Sterile, Any Width, Per Linear Yard	\$ 2.14	Purchase	
A6402	Gauze, Non-Impregnated, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing	\$ 0.13	Purchase	
A6403	Gauze, Non-Impregnated, Sterile, Pad Size More Than 16 Sq. In. Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing	\$ 0.46	Purchase	
A6404	Gauze, Non-Impregnated, Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border, Each Dressing	\$ 0.60	Purchase	
A6407	Packing Strips, Non-Impregnated, Sterile, Up To 2 Inches In Width, Per Linear Yard	\$ 2.12	Purchase	
A6410	Eye Pad, Sterile, Each	\$ 0.44	Purchase	
A6411	Eye Pad, Non-Sterile, Each	\$ 4.56	Purchase	
A6412	Eye Patch, Occlusive, Each	\$ 2.90	Purchase	
A6413	Adhesive Bandage, First-Aid Type, Any Size, Each	Price By Report	Purchase	
A6441	Padding Bandage, Non-Elastic, Non-Woven/Non-Knitted, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard	\$ 0.75	Purchase	
A6442	Conforming Bandage, Non-Elastic, Knitted/Woven, Non-Sterile, Width Less Than Three Inches, Per Yard	\$ 0.16	Purchase	



Code	Description	Fee	Purchase or Rental	Prior Auth Status
A6443	Conforming Bandage, Non-Elastic, Knitted/Woven, Non-Sterile, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard	\$ 0.32	Purchase	
A6444	Conforming Bandage, Non-Elastic, Knitted/Woven, Non-Sterile, Width Greater Than Or Equal To 5 Inches, Per Yard	\$ 0.62	Purchase	
A6445	Conforming Bandage, Non-Elastic, Knitted/Woven, Sterile, Width Less Than Three Inches, Per Yard	\$ 0.37	Purchase	
A6446	Conforming Bandage, Non-Elastic, Knitted/Woven, Sterile, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard	\$ 0.46	Purchase	
A6447	Conforming Bandage, Non-Elastic, Knitted/Woven, Sterile, Width Greater Than Or Equal To Five Inches, Per Yard	\$ 0.75	Purchase	
A6448	Light Compression Bandage, Elastic, Knitted/Woven, Width Less Than Three Inches, Per Yard	\$ 1.28	Purchase	
A6449	Light Compression Bandage, Elastic, Knitted/Woven, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard	\$ 1.96	Purchase	
A6450	Light Compression Bandage, Elastic, Knitted/Woven, Width Greater Than Or Equal To Five Inches, Per Yard	\$ 5.73	Purchase	
A6451	Moderate Compression Bandage, Elastic, Knitted/Woven, Load Resistance Of 1.25 To 1.34 Foot Pounds At 50% Maximum Stretch, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard	\$ 11.93	Purchase	
A6452	High Compression Bandage, Elastic, Knitted/Woven, Load Resistance Greater Than Or Equal To 1.35 Foot Pounds At 50% Maximum Stretch, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard	\$ 5.69	Purchase	
A6453	Self-Adherent Bandage, Elastic, Non-Knitted/Non-Woven, Width Less Than Three Inches, Per Yard	\$ 0.69	Purchase	
A6454	Self-Adherent Bandage, Elastic, Non-Knitted/Non-Woven, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard	\$ 0.87	Purchase	
A6455	Self-Adherent Bandage, Elastic, Non-Knitted/Non-Woven, Width Greater Than Or Equal To Five Inches, Per Yard	\$ 1.55	Purchase	
A6456	Zinc Paste Impregnated Bandage, Non-Elastic, Knitted/Woven, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard	\$ 1.37	Purchase	
A6457	Tubular Dressing With Or Without Elastic, Any Width, Per Linear Yard	\$ 1.27	Purchase	
A6460	Synthetic Resorbable Wound Dressing, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing	Price By Report	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
A6461	Synthetic Resorbable Wound Dressing, Sterile, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing	Price By Report	Purchase	
A6501	Compression Burn Garment, Bodysuit (Head To Foot), Custom Fabricated	Price By Report	Purchase	
A6502	Compression Burn Garment, Chin Strap, Custom Fabricated	Price By Report	Purchase	
A6503	Compression Burn Garment, Facial Hood, Custom Fabricated	Price By Report	Purchase	
A6504	Compression Burn Garment, Glove To Wrist, Custom Fabricated	Price By Report	Purchase	
A6505	Compression Burn Garment, Glove To Elbow, Custom Fabricated	Price By Report	Purchase	
A6506	Compression Burn Garment, Glove To Axilla, Custom Fabricated	Price By Report	Purchase	
A6507	Compression Burn Garment, Foot To Knee Length, Custom Fabricated	Price By Report	Purchase	
A6508	Compression Burn Garment, Foot To Thigh Length, Custom Fabricated	Price By Report	Purchase	
A6509	Compression Burn Garment, Upper Trunk To Waist Including Arm Openings (Vest), Custom Fabricated	Price By Report	Purchase	
A6510	Compression Burn Garment, Trunk, Including Arms Down To Leg Openings (Leotard), Custom Fabricated	Price By Report	Purchase	
A6511	Compression Burn Garment, Lower Trunk Including Leg Openings (Panty), Custom Fabricated	Price By Report	Purchase	
A6512	Compression Burn Garment, Not Otherwise Classified	Price By Report	Purchase	
A6513	Compression Burn Mask, Face And/Or Neck, Plastic Or Equal, Custom Fabricated	Price By Report	Purchase	
A6530	Gradient Compression Stocking, Below Knee, 18-30 Mmhg, Each	\$ 28.48	Purchase	
A6531	Gradient Compression Stocking, Below Knee, 30-40 Mmhg, Each	\$ 46.83	Purchase	
A6532	Gradient Compression Stocking, Below Knee, 40-50 Mmhg, Each	\$ 65.98	Purchase	
A6533	Gradient Compression Stocking, Thigh Length, 18-30 Mmhg, Each	\$ 44.40	Purchase	
A6534	Gradient Compression Stocking, Thigh Length, 30-40 Mmhg, Each	\$ 52.89	Purchase	
A6535	Gradient Compression Stocking, Thigh Length, 40-50 Mmhg, Each	Price By Report	Purchase	
A6536	Gradient Compression Stocking, Full Length/Chap Style, 18-30 Mmhg, Each	\$ 46.13	Purchase	
A6537	Gradient Compression Stocking, Full Length/Chap Style, 30-40 Mmhg, Each	Price By Report	Purchase	
A6538	Gradient Compression Stocking, Full Length/Chap Style, 40-50 Mmhg, Each	Price By Report	Purchase	
A6539	Gradient Compression Stocking, Waist Length, 18-30 Mmhg, Each	Price By Report	Purchase	
A6540	Gradient Compression Stocking, Waist Length, 30-40 Mmhg, Each	Price By Report	Purchase	
A6541	Gradient Compression Stocking, Waist Length, 40-50 Mmhg, Each	Price By Report	Purchase	
A6544	Gradient Compression Stocking, Garter Belt	Price By Report	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
A6545	Gradient Compression Wrap, Non-Elastic, Below Knee, 30-50 Mm Hg, Each	Price By Report	Purchase	
A6549	Gradient Compression Stocking/Sleeve, Not Otherwise Specified	Price By Report	Purchase	
A6550	Wound Care Set, For Negative Pressure Wound Therapy Electrical Pump, Includes All Supplies And Accessories	\$ 26.26	Purchase	
A7000	Canister, Disposable, Used With Suction Pump, Each	\$ 8.68	Purchase	
A7001	Canister, Non-Disposable, Used With Suction Pump, Each	\$ 36.74	Purchase	
A7002	Tubing, Used With Suction Pump, Each	\$ 4.26	Purchase	
A7003	Administration Set, With Small Volume Nonfiltered Pneumatic Nebulizer, Disposable	\$ 3.05	Purchase	
A7004	Small Volume Nonfiltered Pneumatic Nebulizer, Disposable	\$ 2.01	Purchase	
A7005	Administration Set, With Small Volume Nonfiltered Pneumatic Nebulizer, Non-Disposable	\$ 30.92	Purchase	
A7006	Administration Set, With Small Volume Filtered Pneumatic Nebulizer	\$ 10.60	Purchase	
A7007	Large Volume Nebulizer, Disposable, Unfilled, Used With Aerosol Compressor	\$ 4.20	Purchase	
A7008	Large Volume Nebulizer, Disposable, Prefilled, Used With Aerosol Compressor	\$ 11.82	Purchase	
A7009	Reservoir Bottle, Non-Disposable, Used With Large Volume Ultrasonic Nebulizer	\$ 44.06	Purchase	
A7010	Corrugated Tubing, Disposable, Used With Large Volume Nebulizer, 100 Feet	\$ 26.20	Purchase	
A7012	Water Collection Device, Used With Large Volume Nebulizer	\$ 4.20	Purchase	
A7013	Filter, Disposable, Used With Aerosol Compressor Or Ultrasonic Generator	\$ 0.91	Purchase	
A7014	Filter, Nondisposable, Used With Aerosol Compressor Or Ultrasonic Generator	\$ 4.98	Purchase	
A7015	Aerosol Mask, Used With Dme Nebulizer	\$ 1.90	Purchase	
A7017	Nebulizer, Durable, Glass Or Autoclavable Plastic, Bottle Type, Not Used With Oxygen	\$ 11.20	Capped Rental	
A7018	Water, Distilled, Used With Large Volume Nebulizer, 1000 MI	\$ 0.43	Purchase	
A7020	Interface For Cough Stimulating Device, Includes All Components, Replacement Only	\$ 16.08	Purchase	
A7025	High Frequency Chest Wall Oscillation System Vest, Replacement For Use With Patient Owned Equipment, Each	\$ 483.13	Purchase	
A7026	High Frequency Chest Wall Oscillation System Hose, Replacement For Use With Patient Owned Equipment, Each	\$ 31.94	Purchase	
A7027	Combination Oral/Nasal Mask, Used With Continuous Positive Airway Pressure Device, Each	\$ 207.19	Purchase	
A7028	Oral Cushion For Combination Oral/Nasal Mask, Replacement Only, Each	\$ 55.05	Purchase	
A7029	Nasal Pillows For Combination Oral/Nasal Mask, Replacement Only, Pair	\$ 22.49	Purchase	
A7030	Full Face Mask Used With Positive Airway Pressure Device, Each	\$ 165.74	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
A7031	Face Mask Interface, Replacement For Full Face Mask, Each	\$ 66.82	Purchase	
A7032	Cushion For Use On Nasal Mask Interface, Replacement Only, Each	\$ 38.80	Purchase	
A7033	Pillow For Use On Nasal Cannula Type Interface, Replacement Only, Pair	\$ 27.20	Purchase	
A7034	Nasal Interface (Mask Or Cannula Type) Used With Positive Airway Pressure Device, With Or Without Head Strap	\$ 112.61	Purchase	
A7035	Headgear Used With Positive Airway Pressure Device	\$ 38.04	Purchase	
A7036	Chinstrap Used With Positive Airway Pressure Device	\$ 17.41	Purchase	
A7037	Tubing Used With Positive Airway Pressure Device	\$ 39.26	Purchase	
A7038	Filter, Disposable, Used With Positive Airway Pressure Device	\$ 5.18	Purchase	
A7039	Filter, Non Disposable, Used With Positive Airway Pressure Device	\$ 14.67	Purchase	
A7040	One Way Chest Drain Valve	\$ 45.53	Purchase	
A7041	Water Seal Drainage Container And Tubing For Use With Implanted Chest Tube	\$ 85.51	Purchase	
A7044	Oral Interface Used With Positive Airway Pressure Device, Each	\$ 115.77	Purchase	
A7045	Exhalation Port With Or Without Swivel Used With Accessories For Positive Airway Devices, Replacement Only	\$ 18.63	Purchase	
A7046	Water Chamber For Humidifier, Used With Positive Airway Pressure Device, Replacement, Each	\$ 18.67	Purchase	
A7047	Oral Interface Used With Respiratory Suction Pump, Each	\$ 135.65	Purchase	
A7048	Vacuum Drainage Collection Unit And Tubing Kit, Including All Supplies Needed For Collection Unit Change, For Use With Implanted Catheter, Each	\$ 47.39	Purchase	
A7501	Tracheostoma Valve, Including Diaphragm, Each	\$ 116.65	Purchase	
A7502	Replacement Diaphragm/Faceplate For Tracheostoma Valve, Each	\$ 55.45	Purchase	
A7503	Filter Holder Or Filter Cap, Reusable, For Use In A Tracheostoma Heat And Moisture Exchange System, Each	\$ 12.60	Purchase	
A7504	Filter For Use In A Tracheostoma Heat And Moisture Exchange System, Each	\$ 0.75	Purchase	
A7505	Housing, Reusable Without Adhesive, For Use In A Heat And Moisture Exchange System And/Or With A Tracheostoma Valve, Each	\$ 5.20	Purchase	
A7506	Adhesive Disc For Use In A Heat And Moisture Exchange System And/Or With Tracheostoma Valve, Any Type Each	\$ 0.38	Purchase	
A7507	Filter Holder And Integrated Filter Without Adhesive, For Use In A Tracheostoma Heat And Moisture Exchange System, Each	\$ 2.75	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
A7508	Housing And Integrated Adhesive, For Use In A Tracheostoma Heat And Moisture Exchange System And/Or With A Tracheostoma Valve, Each	\$ 3.18	Purchase	
A7509	Filter Holder And Integrated Filter Housing, And Adhesive, For Use As A Tracheostoma Heat And Moisture Exchange System, Each	\$ 1.57	Purchase	
A7520	Tracheostomy/Laryngectomy Tube, Non-Cuffed, Polyvinylchloride (Pvc), Silicone Or Equal, Each	\$ 52.76	Purchase	
A7521	Tracheostomy/Laryngectomy Tube, Cuffed, Polyvinylchloride (Pvc), Silicone Or Equal, Each	\$ 52.62	Purchase	
A7522	Tracheostomy/Laryngectomy Tube, Stainless Steel Or Equal (Sterilizable And Reusable), Each	\$ 50.17	Purchase	
A7523	Tracheostomy Shower Protector, Each	Price By Report	Purchase	
A7524	Tracheostoma Stent/Stud/Button, Each	\$ 85.99	Purchase	
A7525	Tracheostomy Mask, Each	\$ 2.29	Purchase	
A7526	Tracheostomy Tube Collar/Holder, Each	\$ 3.75	Purchase	
A7527	Tracheostomy/Laryngectomy Tube Plug/Stop, Each	\$ 3.98	Purchase	
A8000	Helmet, Protective, Soft, Prefabricated, Includes All Components And Accessories	\$ 164.69	Purchase	
A8001	Helmet, Protective, Hard, Prefabricated, Includes All Components And Accessories	\$ 164.69	Purchase	
A8002	Helmet, Protective, Soft, Custom Fabricated, Includes All Components And Accessories	\$ 459.53	Purchase	
A8003	Helmet, Protective, Hard, Custom Fabricated, Includes All Components And Accessories	\$ 459.53	Purchase	
A8004	Soft Interface For Helmet, Replacement Only	Price By Report	Purchase	
A9155	Artificial Saliva, 30 Ml	Price By Report	Purchase	
A9180	Pediculosis (Lice Infestation) Treatment, Topical, For Administration By Patient/Caretaker	Price By Report	Purchase	
A9272	Wound Suction, Disposable, Includes Dressing, All Accessories And Components, Any Type, Each	Price By Report	Purchase	
A9273	Cold Or Hot Fluid Bottle, Ice Cap Or Collar, Heat And/Or Cold Wrap, Any Type	Price By Report	Purchase	
A9274	External Ambulatory Insulin Delivery System, Disposable, Each, Includes All Supplies And Accessories	Price By Report	Purchase	PA Required
A9275	Home Glucose Disposable Monitor, Includes Test Strips	Price By Report	Purchase	
A9276	Sensor; Invasive (E.G. Subcutaneous), Disposable, For Use With Interstitial Continuous Glucose Monitoring System, One Unit = 1 Day Supply	Price By Report	Purchase	PA Required
A9277	Transmitter; External, For Use With Interstitial Continuous Glucose Monitoring System	Price By Report	Purchase	PA Required
A9278	Receiver (Monitor); External, For Use With Interstitial Continuous Glucose Monitoring System	Price By Report	Purchase	PA Required

Code	Description	Fee	Purchase or Rental	Prior Auth Status
A9279	Monitoring Feature/Device, Stand-Alone Or Integrated, Any Type, Includes All Accessories, Components And Electronics, Not Otherwise Classified	\$ 310.59	Purchase	
A9283	Foot Pressure Off Loading/Supportive Device, Any Type, Each	Price By Report	Purchase	
A9284	Spirometer, Non-Electronic, Includes All Accessories	Price By Report	Purchase	
A9285	Inversion/Eversion Correction Device	Price By Report	Purchase	
A9999	Miscellaneous Dme Supply Or Accessory, Not Otherwise Specified	Price By Report	Purchase	
E0100	Cane, Includes Canes Of All Materials, Adjustable Or Fixed, With Tip	\$ 21.01	Purchase	
E0105	Cane, Quad Or Three Prong, Includes Canes Of All Materials, Adjustable Or Fixed, With Tips	\$ 50.80	Purchase	
E0110	Crutches, Forearm, Includes Crutches Of Various Materials, Adjustable Or Fixed, Pair, Complete With Tips And Handgrips	\$ 85.44	Purchase	
E0111	Crutch Forearm, Includes Crutches Of Various Materials, Adjustable Or Fixed, Each, With Tip And Handgrips	\$ 54.30	Purchase	
E0112	Crutches Underarm, Wood, Adjustable Or Fixed, Pair, With Pads, Tips And Handgrips	\$ 39.77	Purchase	
E0113	Crutch Underarm, Wood, Adjustable Or Fixed, Each, With Pad, Tip And Handgrip	\$ 23.28	Purchase	
E0114	Crutches Underarm, Other Than Wood, Adjustable Or Fixed, Pair, With Pads, Tips And Handgrips	\$ 51.97	Purchase	
E0116	Crutch, Underarm, Other Than Wood, Adjustable Or Fixed, With Pad, Tip, Handgrip, With Or Without Shock Absorber, Each	\$ 30.56	Purchase	
E0117	Crutch, Underarm, Articulating, Spring Assisted, Each	\$ 214.07	Purchase	
E0118	Crutch Substitute, Lower Leg Platform, With Or Without Wheels, Each	Price By Report	Purchase	
E0130	Walker, Rigid (Pickup), Adjustable Or Fixed Height	\$ 56.84	Purchase	
E0135	Walker, Folding (Pickup), Adjustable Or Fixed Height	\$ 62.58	Purchase	
E0140	Walker, With Trunk Support, Adjustable Or Fixed Height, Any Type	\$ 26.34	Capped Rental	
E0141	Walker, Rigid, Wheeled, Adjustable Or Fixed Height	\$ 79.25	Purchase	
E0143	Walker, Folding, Wheeled, Adjustable Or Fixed Height	\$ 81.59	Purchase	
E0144	Walker, Enclosed, Four Sided Framed, Rigid Or Folding, Wheeled With Posterior Seat	\$ 281.25	Purchase	
E0147	Walker, Heavy Duty, Multiple Braking System, Variable Wheel Resistance	\$ 483.65	Purchase	
E0148	Walker, Heavy Duty, Without Wheels, Rigid Or Folding, Any Type, Each	\$ 103.04	Purchase	
E0149	Walker, Heavy Duty, Wheeled, Rigid Or Folding, Any Type	\$ 166.50	Purchase	
E0153	Platform Attachment, Forearm Crutch, Each	\$ 59.67	Purchase	
E0154	Platform Attachment, Walker, Each	\$ 70.27	Purchase	
E0155	Wheel Attachment, Rigid Pick-Up Walker, Per Pair	\$ 31.67	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
E0156	Seat Attachment, Walker	\$ 22.54	Purchase	
E0157	Crutch Attachment, Walker, Each	\$ 82.19	Purchase	
E0158	Leg Extensions For Walker, Per Set Of Four (4)	\$ 31.02	Purchase	
E0159	Brake Attachment For Wheeled Walker, Replacement, Each	\$ 17.09	Purchase	
E0160	Sitz Type Bath, Portable, Fits Over Commode Seat	\$ 33.13	Purchase	
E0161	Sitz Type Bath, Portable, Fits Over Commode Seat, With Faucet Attachments	\$ 24.54	Purchase	
E0163	Commode Chair, Mobile Or Stationary, With Fixed Arms	\$ 83.99	Purchase	
E0165	Commode Chair, Mobile Or Stationary, With Detachable Arms	\$ 165.60	Purchase	
E0167	Pail Or Pan For Use With Commode Chair, Replacement Only	\$ 12.21	Purchase	
E0168	Commode Chair, Extra Wide And/Or Heavy Duty, Stationary Or Mobile, With Or Without Arms, Any Type, Each	\$ 143.61	Purchase	
E0170	Commode Chair With Integrated Seat Lift Mechanism, Electric, Any Type	\$ 135.86	Capped Rental	
E0171	Commode Chair With Integrated Seat Lift Mechanism, Non-Electric, Any Type	\$ 25.65	Capped Rental	
E0172	Seat Lift Mechanism Placed Over Or On Top Of Toilet, Any Type	Price By Report	Purchase	
E0175	Foot Rest, For Use With Commode Chair, Each	\$ 66.45	Purchase	
E0181	Powered Pressure Reducing Mattress Overlay/Pad, Alternating, With Pump, Includes Heavy Duty	\$ 18.65	Capped Rental	
E0182	Pump For Alternating Pressure Pad, For Replacement Only	\$ 19.88	Capped Rental	
E0184	Dry Pressure Mattress	\$ 174.31	Purchase	
E0185	Gel Or Gel-Like Pressure Pad For Mattress, Standard Mattress Length And Width	\$ 237.32	Purchase	
E0186	Air Pressure Mattress Decubitus Ulcers	\$ 208.44	Purchase	
E0187	Water Pressure Mattress	\$ 277.66	Purchase	
E0188	Synthetic Sheepskin Pad	\$ 24.74	Purchase	
E0189	Lambswool Sheepskin Pad, Any Size	\$ 48.63	Purchase	
E0190	Positioning Cushion/Pillow/Wedge, Any Shape Or Size, Includes All Components And Accessories	Price By Report	Purchase	
E0191	Heel Or Elbow Protector, Each	\$ 10.01	Purchase	
E0193	Powered Air Flotation Bed (Low Air Loss Therapy), Per Day	\$ 656.43	Capped Rental	PA Required
E0194	Air Fluidized Bed	\$ 2,986.09	Capped Rental	PA Required
E0196	Gel Pressure Mattress	\$ 342.72	Purchase	
E0197	Air Pressure Pad For Mattress, Standard Mattress Length And Width	\$ 242.55	Purchase	
E0198	Water Pressure Pad For Mattress, Standard Mattress Length And Width	\$ 222.29	Purchase	
E0199	Dry Pressure Pad For Mattress, Standard Mattress Length And Width	\$ 33.40	Purchase	
E0200	Heat Lamp, Without Stand (Table Model), Includes Bulb, Or Infrared Element	\$ 67.61	Purchase	
E0202	Phototherapy (Bilirubin) Light With Photometer, Rental Per Day	\$ 48.42	Daily Rental	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
E0203	Therapeutic Lightbox, Minimum 10,000 Lux, Table Top Model	Price By Report	Purchase	PA Required
E0205	Heat Lamp, With Stand, Includes Bulb, Or Infrared Element	\$ 16.22	Capped Rental	
E0235	Paraffin Bath Unit, Portable (See Medical Supply Code A4265 For Paraffin)	\$ 13.46	Capped Rental	
E0240	Bath/Shower Chair, With Or Without Wheels, Any Size	\$ 386.44	Purchase	
E0244	Raised Toilet Seat	\$ 50.76	Purchase	
E0245	Tub Stool Or Bench	\$ 66.84	Purchase	
E0247	Transfer Bench For Tub Or Toilet With Or Without Commode Opening	Price By Report	Purchase	
E0248	Transfer Bench, Heavy Duty, For Tub Or Toilet With Or Without Commode Opening	Price By Report	Purchase	
E0249	Pad For Water Circulating Heat Unit, For Replacement Only	\$ 99.91	Purchase	
E0250	Hospital Bed, Fixed Height, With Any Type Side Rails, With Mattress	\$ 59.06	Capped Rental	
E0251	Hospital Bed, Fixed Height, With Any Type Side Rails, Without Mattress	\$ 53.93	Capped Rental	
E0255	Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, With Mattress	\$ 71.09	Capped Rental	
E0256	Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, Without Mattress	\$ 58.58	Capped Rental	
E0260	Hospital Bed, Seimi-Electric (Head And Foot Adjustment), With Any Type Side Rails, With Mattress	\$ 81.96	Capped Rental	
E0261	Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, Without Mattress	\$ 80.54	Capped Rental	
E0265	Hospital Bed, Total Electric (Head, Foot And Height Adjustments), With Any Type Side Rails, With Mattress	\$ 137.09	Capped Rental	
E0266	Hospital Bed, Total Electric (Head, Foot And Height Adjustments), With Any Type Side Rails, Without Mattress	\$ 114.74	Capped Rental	
E0270	Hospital Bed, Institutional Type Includes: Oscillating, Circulating And Stryker Frame, With Mattress	Price By Report	Capped Rental	
E0271	Mattress, Innerspring	\$ 222.74	Purchase	
E0272	Mattress, Foam Rubber	\$ 203.02	Purchase	
E0273	Bed Board	Price By Report	Capped Rental	
E0275	Bed Pan, Standard, Metal Or Plastic	\$ 15.35	Purchase	
E0276	Bed Pan, Fracture, Metal Or Plastic	\$ 13.34	Purchase	
E0277	Powered Pressure-Reducing Air Mattress	\$ 361.14	Capped Rental	PA Required
E0290	Hospital Bed, Fixed Height, Without Side Rails, With Mattress	\$ 54.13	Capped Rental	
E0291	Hospital Bed, Fixed Height, Without Side Rails, Without Mattress	\$ 40.60	Capped Rental	
E0292	Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, With Mattress	\$ 59.17	Capped Rental	
E0293	Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, Without Mattress	\$ 52.51	Capped Rental	
E0294	Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, With Mattress	\$ 78.07	Capped Rental	



Code	Description	Fee	Purchase or Rental	Prior Auth Status
E0295	Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, Without Mattress	\$ 76.75	Capped Rental	
E0296	Hospital Bed, Total Electric (Head, Foot And Height Adjustments). Without Side Rails, With Mattress	\$ 106.87	Capped Rental	
E0297	Hospital Bed, Total Electric (Head, Foot And Height Adjustments), Without Side Rails, Without Mattress	\$ 95.59	Capped Rental	
E0300	Pediatric Crib, Hospital Grade, Fully Enclosed, With Or Without Top Enclosure	\$ 213.17	Capped Rental	
E0301	Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress	\$ 174.32	Capped Rental	
E0302	Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress	\$ 485.70	Capped Rental	
E0303	Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, With Mattress	\$ 188.42	Capped Rental	
E0304	Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, With Mattress	\$ 513.11	Capped Rental	
E0305	Bed Side Rails, Half Length	\$ 12.99	Capped Rental	
E0310	Bed Side Rails, Full Length	\$ 16.23	Capped Rental	
E0316	Safety Enclosure Frame/Canopy For Use With Hospital Bed, Any Type	\$ 2,611.20	Purchase	PA Required
E0325	Urinal; Male, Jug-Type, Any Material	\$ 9.24	Purchase	
E0326	Urinal; Female, Jug-Type, Any Material	\$ 10.55	Purchase	
E0328	Hospital Bed, Pediatric, Manual, 360 Degree Side Enclosures, Top Of Headboard, Footboard And Side Rails Up To 24 Inches Above The Spring, Includes Mattress	Price By Report	Purchase	PA Required
E0329	Hospital Bed, Pediatric, Electric Or Semi-Electric, 360 Degree Side Enclosures, Top Of Headboard, Footboard And Side Rails Up To 24 Inches Above The Spring, Includes Mattress	Price By Report	Purchase	PA Required
E0350	Control Unit For Electronic Bowel Irrigation/Evacuation System	Price By Report	Purchase	
E0352	Disposable Pack (Water Reservoir Bag, Speculum, Valving Mechanism And Collection Bag/Box) For Use With The Electronic Bowel Irrigation/Evacuation System	Price By Report	Capped Rental	
E0370	Air Pressure Elevator For Heel	Price By Report	Capped Rental	
E0371	Nonpowered Advanced Pressure Reducing Overlay For Mattress, Standard Mattress Length And Width	\$ 255.25	Capped Rental	
E0372	Powered Air Overlay For Mattress, Standard Mattress Length And Width	\$ 292.13	Capped Rental	
E0373	Nonpowered Advanced Pressure Reducing Mattress	\$ 322.55	Capped Rental	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
E0424	Stationary Compressed Gaseous Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, And Tubing	\$ 136.04	Continuous Rental	
E0425	Stationary Compressed Gas System, Purchase; Includes Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, And Tubing	Price By Report	Continuous Rental	
E0430	Portable Gaseous Oxygen System, Purchase; Includes Regulator, Flowmeter, Humidifier, Cannula Or Mask, And Tubing	\$ 340.70	Purchase	
E0431	Portable Gaseous Oxygen System, Rental; Includes Portable Container, Regulator, Flowmeter, Humidifier, Cannula Or Mask, And Tubing	\$ 24.26	Continuous Rental	
E0433	Portable Liquid Oxygen System, Rental; Home Liquefier Used To Fill Portable Liquid Oxygen Containers, Includes Portable Containers, Regulator, Flowmeter, Humidifier, Cannula Or Mask And Tubing, With Or Without Supply Reservoir And Contents Gauge	\$ 43.55	Continuous Rental	
E0434	Portable Liquid Oxygen System, Rental; Includes Portable Container, Supply Reservoir, Humidifier, Flowmeter, Refill Adaptor, Contents Gauge, Cannula Or Mask, And Tubing	\$ 43.55	Continuous Rental	
E0435	Portable Liquid Oxygen System, Purchase; Includes Portable Container, Supply Reservoir, Flowmeter, Humidifier, Contents Gauge, Cannula Or Mask, Tubing And Refill Adaptor	\$ 2,078.79	Purchase	
E0439	Stationary Liquid Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, & Tubing	\$ 136.03	Continuous Rental	
E0440	Stationary Liquid Oxygen System, Purchase; Includes Use Of Reservoir, Contents Indicator, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, And Tubing	\$ 3,786.52	Purchase	
E0441	Stationary Oxygen Contents, Gaseous, 1 Month'S Supply = 1 Unit	\$ 62.96	Purchase	
E0442	Stationary Oxygen Contents, Liquid, 1 Month'S Supply = 1 Unit	\$ 62.96	Purchase	
E0443	Portable Oxygen Contents, Gaseous, 1 Month'S Supply = 1 Unit	\$ 60.35	Purchase	
E0444	Portable Oxygen Contents, Liquid, 1 Month'S Supply = 1 Unit	\$ 60.35	Purchase	
E0445	Oximeter Device For Measuring Blood Oxygen Levels Non-Invasively	\$ 218.48	Capped Rental	
E0446	Topical Oxygen Delivery System, Not Otherwise Specified, Includes All Supplies And Accessories	Price By Report	Purchase	
E0447	Portable Oxygen Contents, Liquid, 1 Month'S Supply = 1 Unit, Prescribed Amount At Rest Or Nighttime Exceeds 4 Liters Per Minute (Lpm)	\$ 66.47	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
E0455	Oxygen Tent, Excluding Croup Or Pediatric Tents	Price By Report	Purchase	
E0465	Home Ventilator, Any Type, Used With Invasive Interface, (E.G., Tracheostomy Tube)	\$ 1,051.02	Continuous Rental	
E0466	Home Ventilator, Any Type, Used With Non-Invasive Interface, (E.G., Mask, Chest Shell)	\$ 1,051.02	Continuous Rental	
E0467	Home Ventilator, Multi-Function Respiratory Device, Also Performs Any Or All Of The Additional Functions Of Oxygen Concentration, Drug Nebulization, Aspiration, And Cough Stimulation, Includes All Accessories, Components And Supplies For All Functions	\$ 1,234.91	Continuous Rental	
E0470	Respiratory Assist Device, Bi-Level Pressure Capability, Without Backup Rate Feature, Used With Noninvasive Interface, E.G., Nasal Or Facial Mask (Intermittent Assist Device With Continuous Positive Airway Pressure Device)	\$ 148.49	Capped Rental	
E0471	Respiratory Assist Device, Bi-Level Pressure Capability, With Back-Up Rate Feature, Used With Noninvasive Interface, E.G., Nasal Or Facial Mask (Intermittent Assist Device With Continuous Positive Airway Pressure Device)	\$ 332.63	Capped Rental	
E0472	Respiratory Assist Device, Bi-Level Pressure Capability, With Backup Rate Feature, Used With Invasive Interface, E.G., Tracheostomy Tube (Intermittent Assist Device With Continuous Positive Airway Pressure Device)	\$ 390.66	Capped Rental	
E0480	Percussor, Electric Or Pneumatic, Home Model	\$ 32.98	Capped Rental	
E0481	Intrapulmonary Percussive Ventilation System And Related Accessories	Price By Report	Purchase	
E0482	Cough Stimulating Device, Alternating Positive And Negative Airway Pressure	\$ 386.97	Capped Rental	PA Required
E0483	High Frequency Chest Wall Oscillation System, Includes All Accessories And Supplies, Each	\$ 975.51	Capped Rental	PA Required
E0484	Oscillatory Positive Expiratory Pressure Device, Non-Electric, Any Type, Each	\$ 41.02	Purchase	
E0485	Oral Device/Appliance Used To Reduce Upper Airway Collapsibility, Adjustable Or Non-Adjustable, Prefabricated, Includes Fitting And Adjustment	Price By Report	Purchase	
E0486	Oral Device/Appliance Used To Reduce Upper Airway Collapsibility, Adjustable Or Non-Adjustable, Custom Fabricated, Includes Fitting And Adjustment	Price By Report	Purchase	
E0487	Spirometer, Electronic, Includes All Accessories	Price By Report	Purchase	
E0500	Ippb Machine, All Types, With Built-In Nebulization; Manual Or Automatic Valves; Internal Or External Power Source	\$ 100.72	Capped Rental	
E0550	Humidifier, Durable For Extensive Supplemental Humidification During Ippb Treatments Or Oxygen Delivery	\$ 44.86	Capped Rental	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
E0555	Humidifier, Durable, Glass Or Autoclavable Plastic Bottle Type, For Use With Regulator Or Flowmeter	\$ 39.76	Purchase	
E0560	Humidifier, Durable For Supplemental Humidification During Ippb Treatment Or Oxygen Delivery	\$ 172.06	Purchase	
E0561	Humidifier, Non-Heated, Used With Positive Airway Pressure Device	\$ 102.44	Purchase	
E0562	Humidifier, Heated, Used With Positive Airway Pressure Device	\$ 24.04	Capped Rental	
E0565	Compressor, Air Power Source For Equipment Which Is Not Self- Contained Or Cylinder Driven	\$ 50.00	Capped Rental	
E0570	Nebulizer, With Compressor	\$ 118.62	Purchase	
E0572	Aerosol Compressor, Adjustable Pressure, Light Duty For Intermittent Use	\$ 29.69	Capped Rental	
E0574	Ultrasonic/Electronic Aerosol Generator With Small Volume Nebulizer	\$ 36.42	Capped Rental	
E0575	Nebulizer, Ultrasonic, Large Volume	\$ 94.31	Capped Rental	
E0580	Nebulizer, Durable, Glass Or Autoclavable Plastic, Bottle Type, For Use With Regulator Or Flowmeter	\$ 12.78	Capped Rental	
E0585	Nebulizer, With Compressor And Heater	\$ 25.95	Capped Rental	
E0600	Respiratory Suction Pump, Home Model, Portable Or Stationary, Electric	\$ 41.20	Capped Rental	
E0601	Continuous Positive Airway Pressure (Cpap) Device	\$ 62.11	Capped Rental	
E0602	Breast Pump, Manual	\$ 32.78	Purchase	
E0603	Breast Pump, Electric (Ac And/Or Dc), Any Type	\$ 121.68	Purchase	
E0604	Breast Pump, Hospital Grade, Electric (Ac And / Or Dc), Any Type After 1 Month Must Have A Prior Authorization	\$ 57.00	Capped Rental	
E0605	Vaporizer, Room Type	\$ 22.54	Purchase	
E0607	Home Blood Glucose Monitor	\$ 73.58	Purchase	
E0616	Implantable Cardiac Event Recorder With Memory, Activator And Programmer	Price By Report	Purchase	
E0617	External Defibrillator With Integrated Electrocardiogram Analysis	\$ 278.34	Capped Rental	
E0618	Apnea Monitor, Without Recording Feature	\$ 277.85	Capped Rental	
E0619	Apnea Monitor, With Recording Feature	\$ 286.55	Capped Rental	
E0620	Skin Piercing Device For Collection Of Capillary Blood, Laser, Each	\$ 962.64	Purchase	
E0621	Sling Or Seat, Patient Lift, Canvas Or Nylon	\$ 86.38	Purchase	
E0625	Patient Lift, Bathroom Or Toilet, Not Otherwise Classified	\$ 982.26	Purchase	
E0627	Seat Lift Mechanism, Electric, Any Type	\$ 26.80	Capped Rental	
E0629	Seat Lift Mechanism, Non-Electric, Any Type	\$ 316.36	Purchase	
E0630	Patient Lift, Hydraulic Or Mechanical, Includes Any Seat, Sling, Strap(S) Or Pad(S)	\$ 72.08	Capped Rental	
E0635	Patient Lift, Electric With Seat Or Sling	\$ 106.72	Capped Rental	
E0636	Multipositional Patient Support System, With Integrated Lift, Patient Accessible Controls	\$ 909.62	Capped Rental	
E0637	Combination Sit To Stand System, Any Size Including Pediatric, With Seatlift Feature, With Or Without Wheels	Price By Report	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
E0638	Standing Frame/Table System, One Position (E.G. Upright, Supine Or Prone Stander), Any Size Including Pediatric, With Or Without Wheels	Price By Report	Purchase	
E0639	Patient Lift, Moveable From Room To Room With Disassembly And Reassembly, Includes All Components/Accessories	\$ 102.36	Capped Rental	
E0640	Patient Lift, Fixed System, Includes All Components/Accessories	\$ 102.36	Capped Rental	
E0641	Standing Frame/Table System, Multi-Position (E.G. Three-Way Stander), Any Size Including Pediatric, With Or Without Wheels	Price By Report	Purchase	
E0642	Standing Frame/Table System, Mobile (Dynamic Stander), Any Size Including Pediatric	Price By Report	Purchase	
E0650	Pneumatic Compressor, Non-Segmental Home Model	\$ 81.56	Capped Rental	PA Required
E0651	Pneumatic Compressor, Segmental Home Model Without Calibrated D Gradient Pressure	\$ 86.09	Capped Rental	PA Required
E0652	Pneumatic Compressor, Segmental Home Model With Calibrated Gradient Pressure	\$ 442.88	Capped Rental	PA Required
E0655	Non-Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Half Arm	\$ 108.28	Purchase	PA Required
E0656	Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Trunk	\$ 641.72	Purchase	
E0657	Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Chest	\$ 602.88	Purchase	
E0660	Non-Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Full Leg	\$ 160.26	Purchase	PA Required
E0665	Non-Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Full Arm	\$ 137.44	Purchase	PA Required
E0666	Non-Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Half Leg	\$ 132.57	Purchase	PA Required
E0667	Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Full Leg	\$ 276.12	Purchase	PA Required
E0668	Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Full Arm	\$ 376.76	Purchase	PA Required
E0669	Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Half Leg	\$ 183.91	Purchase	PA Required
E0670	Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Integrated, 2 Full Legs And Trunk	\$ 1,186.90	Purchase	
E0671	Segmental Gradient Pressure Pneumatic Appliance, Full Leg	\$ 461.37	Purchase	PA Required
E0672	Segmental Gradient Pressure Pneumatic Appliance, Full Arm	\$ 358.47	Purchase	PA Required
E0673	Segmental Gradient Pressure Pneumatic Appliance, Half Leg	\$ 297.88	Purchase	PA Required
E0675	Pneumatic Compression Device, High Pressure, Rapid Inflation/Deflation Cycle, For Arterial Insufficiency (Unilateral Or Bilateral System)	\$ 427.15	Capped Rental	
E0676	Intermittent Limb Compression Device (Includes All Accessories), Not Otherwise Specified	Price By Report	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
E0691	Ultraviolet Light Therapy System, Includes Bulbs/Lamps, Timer And Eye Protection; Treatment Area 2 Square Feet Or Less	\$ 82.45	Capped Rental	
E0692	Ultraviolet Light Therapy System Panel, Includes Bulbs/Lamps, Timer And Eye Protection, 4 Foot Panel	\$ 103.52	Capped Rental	
E0693	Ultraviolet Light Therapy System Panel, Includes Bulbs/Lamps, Timer And Eye Protection, 6 Foot Panel	\$ 127.64	Capped Rental	
E0694	Ultraviolet Multidirectional Light Therapy System In 6 Foot Cabinet, Includes Bulbs/Lamps, Timer And Eye Protection	\$ 406.24	Capped Rental	
E0705	Transfer Device, Any Type, Each	\$ 48.69	Purchase	
E0720	Transcutaneous Electrical Nerve Stimulation (Tens) Device, Two Lead, Localized Stimulation	\$ 19.75	Capped Rental	
E0730	Transcutaneous Electrical Nerve Stimulation (Tens) Device, Four Or More Leads, For Multiple Nerve Stimulation	\$ 19.91	Capped Rental	
E0744	Neuromuscular Stimulator For Scoliosis	\$ 72.98	Capped Rental	
E0745	Neuromuscular Stimulator, Electronic Shock Unit, Non-Clinical Model	\$ 69.82	Capped Rental	
E0747	Osteogenesis Stimulator, Electrical, Non-Invasive, Other Than Spinal Applications	\$ 4,311.95	Purchase	PA Required
E0748	Osteogenic Stimulator, Noninvasive, Spinal Applications	\$ 4,284.02	Purchase	PA Required
E0760	Ostogenesis Stimulator, Low Intensity Ultrasound, Non-Invasive	\$ 356.00	Capped Rental	PA Required
E0761	Non-Thermal Pulsed High Frequency Radiowaves, High Peak Power Electromagnetic Energy Treatment Device	Price By Report	Purchase	
E0762	Transcutaneous Electrical Joint Stimulation Device System, Includes All Accessories	\$ 1,221.41	Purchase	
E0764	Functional Neuromuscular Stimulation, Transcutaneous Stimulation Of Sequential Muscle Groups Of Ambulation With Computer Control, Used For Walking By Spinal Cord Injured, Entire System, After Completion Of Training Program	\$ 12,157.46	Purchase	
E0765	Fda Approved Nerve Stimulator, With Replaceable Batteries, For Treatment Of Nausea And Vomiting	\$ 93.45	Purchase	
E0766	Electrical Stimulation Device Used For Cancer Treatment, Includes All Accessories, Any Type	\$ 436.60	Purchase	
E0769	Electrical Stimulation Or Electromagnetic Wound Treatment Device, Not Otherwise Classified	Price By Report	Purchase	
E0770	Functional Electrical Stimulator, Transcutaneous Stimulation Of Nerve And/Or Muscle Groups, Any Type, Complete System, Not Otherwise Specified	Price By Report	Purchase	
E0776	Iv Pole	\$ 11.83	Capped Rental	
E0779	Ambulatory Infusion Pump, Mechanical, Reusable, For Infusion 8 Hours Or Greater	\$ 15.12	Capped Rental	
E0780	Ambulatory Infusion Pump, Mechanical, Reusable, For Infusion Less Than 8 Hours	\$ 11.42	Purchase	



Code	Description	Fee	Purchase or Rental	Prior Auth Status
E0781	Ambulatory Infusion Pump, Single Or Multiple Channels, Electric Or Battery Operated, With Administrative Equipment, Worn By Patient	\$ 217.13	Capped Rental	
E0782	Infusion Pump, Implantable, Non-Programmable (Includes All Components, E.G., Pump, Catheter, Connectors, Etc.)	\$ 3,297.63	Purchase	
E0783	Infusion Pump System, Implantable, Programmable (Includes All Components, E.G., Pump, Catheter, Connectors, Etc.)	\$ 773.01	Capped Rental	
E0784	External Ambulatory Infusion Pump, Insulin	\$ 4,418.10	Purchase	
E0785	Implantable Intraspinal (Epidural/Intrathecal) Catheter Used With Implantable Infusion Pump, Replacement	\$ 522.38	Purchase	
E0786	Implantable Programmable Infusion Pump, Replacement (Excludes Implantable Intraspinal Catheter)	\$ 8,870.49	Purchase	
E0787	External Ambulatory Infusion Pump, Insulin, Dosage Rate Adjustment Using Therapeutic Continuous Glucose Sensing	Price By Report	Purchase	PA Required
E0791	Parenteral Infusion Pump, Stationary, Single Or Multi-Channel	\$ 239.69	Capped Rental	
E0830	Ambulatory Traction Device, All Types, Each	Price By Report		
E0840	Traction Frame, Attached To Headboard, Cervical Traction	\$ 5.56	Capped Rental	
E0849	Traction Equipment, Cervical, Free-Standing Stand/Frame, Pneumatic, Applying Traction Force To Other Than Mandible	\$ 47.29	Capped Rental	
E0850	Traction Stand, Free Standing, Cervical Traction	\$ 8.79	Capped Rental	
E0855	Cervical Traction Equipment Not Requiring Additional Stand Or Frame	\$ 45.35	Capped Rental	
E0856	Cervical Traction Device, With Inflatable Air Bladder(S)	\$ 171.09	Purchase	
E0860	Traction Equipment, Overdoor, Cervical	\$ 42.44	Purchase	
E0870	Traction Frame, Attached To Footboard, Extremity Traction, (E.G. Buck'S)	\$ 10.46	Capped Rental	
E0880	Traction Stand, Free Standing, Extremity Traction	\$ 15.37	Capped Rental	
E0890	Traction Frame, Attached To Footboard, Pelvic Traction	\$ 25.61	Capped Rental	
E0900	Traction Stand, Free Standing, Pelvic Traction, (E.G., Buck'S)	\$ 21.55	Capped Rental	
E0910	Trapeze Bars, A/K/A Patient Helper, Attached To Bed, With Grab Bar	\$ 12.25	Capped Rental	
E0911	Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Attached To Bed, With Grab Bar	\$ 454.14	Purchase	
E0912	Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Free Standing, Complete With Grab Bar	\$ 965.61	Purchase	
E0920	Fracture Frame, Attached To Bed, Includes Weights	\$ 42.35	Capped Rental	
E0930	Fracture Frame, Free Standing, Includes Weights	\$ 39.51	Capped Rental	
E0935	Continuous Passive Motion Exercise Device For Use On Knee Only	\$ 25.05	Daily Rental	PA Required
E0936	Continuous Passive Motion Exercise Device For Use Other Than Knee	\$ 22.81	Purchase	PA Required

Code	Description	Fee	Purchase or Rental	Prior Auth Status
E0940	Trapeze Bar, Free Standing, Complete With Grab Bar	\$ 22.80	Capped Rental	
E0941	Gravity Assisted Traction Device, Any Type	\$ 39.83	Capped Rental	
E0942	Cervical Head Harness/Halter	\$ 18.58	Purchase	
E0944	Pelvic Belt/Harness/Boot	\$ 49.25	Purchase	
E0945	Extremity Belt/Harness	\$ 44.46	Purchase	
E0946	Fracture, Frame, Dual With Cross Bars, Attached To Bed, (E.G. Balken, 4 Poster)	\$ 54.29	Capped Rental	
E0947	Fracture Frame, Attachments For Complex Pelvic Traction	\$ 57.70	Capped Rental	
E0948	Fracture Frame, Attachments For Complex Cervical Traction	\$ 53.81	Capped Rental	
E0950	Wheelchair Accessory, Tray, Each	\$ 104.29	Purchase	
E0951	Heel Loop/Holder, Any Type, With Or Without Ankle Strap, Each	\$ 18.90	Purchase	
E0952	Toe Loop/Holder, Any Type, Each	\$ 18.90	Purchase	
E0953	Wheelchair Accessory, Lateral Thigh Or Knee Support, Any Type Including Fixed Mounting Hardware, Each	\$ 73.29	Purchase	
E0954	Wheelchair Accessory, Foot Box, Any Type, Includes Attachment And Mounting Hardware, Each Foot	\$ 48.83	Purchase	
E0955	Wheelchair Accessory, Headrest, Cushioned, Any Type, Including Fixed Mounting Hardware, Each	\$ 178.71	Purchase	
E0956	Wheelchair Accessory, Lateral Trunk Or Hip Support, Any Type, Including Fixed Mounting Hardware, Each	\$ 86.62	Purchase	
E0957	Wheelchair Accessory, Medial Thigh Support, Any Type, Including Fixed Mounting Hardware, Each	\$ 124.12	Purchase	
E0958	Manual Wheelchair Accessory, One-Arm Drive Attachment, Each	\$ 377.20	Purchase	PA Required
E0959	Manual Wheelchair Accessory, Adapter For Amputee, Each	\$ 46.75	Purchase	
E0960	Wheelchair Accessory, Shoulder Harness/Straps Or Chest Strap, Including Any Type Mounting Hardware	\$ 87.10	Purchase	
E0961	Manual Wheelchair Accessory, Wheel Lock Brake Extension (Handle), Each	\$ 29.85	Purchase	
E0966	Manual Wheelchair Accessory, Headrest Extension, Each	\$ 69.51	Purchase	
E0967	Manual Wheelchair Accessory, Hand Rim With Projections, Any Type, Replacement Only, Each	\$ 6.68	Capped Rental	
E0968	Commode Seat, Wheelchair	\$ 169.00	Purchase	
E0969	Narrowing Device, Wheelchair	\$ 12.14	Capped Rental	
E0970	No.2 Footplates, Except For Elevating Leg Rest	\$ 41.58	Purchase	
E0971	Manual Wheelchair Accessory, Anti-Tipping Device, Each	\$ 38.41	Purchase	
E0973	Wheelchair Accessory, Adjustable Height, Detachable Armrest, Complete Assembly, Each	\$ 83.97	Purchase	
E0974	Manual Wheelchair Accessory, Anti-Rollback Device, Each	\$ 67.33	Purchase	
E0978	Wheelchair Accessory, Positioning Belt/Safety Belt/Pelvic Strap, Each	\$ 44.89	Purchase	



Code	Description	Fee	Purchase or Rental	Prior Auth Status
E0980	Safety Vest, Wheelchair	\$ 33.15	Purchase	
E0981	Wheelchair Accessory, Seat Upholstery, Replacement Only, Each	\$ 45.14	Purchase	
E0982	Wheelchair Accessory, Back Upholstery, Replacement Only, Each	\$ 49.33	Purchase	
E0985	Wheelchair Accessory, Seat Lift Mechanism	\$ 225.33	Purchase	
E0986	Manual Wheelchair Accessory, Push-Rim Activated Power Assist System	\$ 5,223.68	Purchase	PA Required
E0988	Manual Wheelchair Accessory, Lever-Activated, Wheel Drive, Pair	\$ 332.52	Capped Rental	
E0990	Wheelchair Accessory, Elevating Leg Rest, Complete Assembly, Each	\$ 9.82	Capped Rental	
E0992	Solid Seat Insert	\$ 95.45	Purchase	
E0994	Arm Rest, Each	\$ 15.03	Purchase	
E0995	Wheelchair Accessory, Calf Rest/Pad, Replacement Only, Each	\$ 30.49	Purchase	
E1002	Wheelchair Accessory, Power Seating System, Tilt Only	\$ 3,355.69	Purchase	PA Required
E1003	Wheelchair Accessory, Power Seating System, Recline Only, Without Shear Reduction	\$ 4,204.27	Purchase	PA Required
E1004	Wheelchair Accessory, Power Seating System, Recline Only, With Mechanical Shear Reduction	\$ 4,661.67	Purchase	PA Required
E1005	Wheelchair Accessory, Power Seating System, Recline Only, With Power Shear Reduction	\$ 5,045.89	Purchase	PA Required
E1006	Wheelchair Accessory, Power Seating System, Combination Tilt And Recline, Without Shear Reduction	\$ 6,180.75	Purchase	PA Required
E1007	Wheelchair Accessory, Power Seating System, Combination Tilt And Recline, With Mechanical Shear Reduction	\$ 7,864.45	Purchase	PA Required
E1008	Wheelchair Accessory, Power Seating System, Combination Tilt And Recline, With Power Shear Reduction	\$ 7,680.83	Purchase	PA Required
E1009	Wheelchair Accessory, Addition To Power Seating System, Mechanically Linked Leg Elevation System, Including Pushrod And Leg Rest, Each	Price By Report	Purchase	PA Required
E1010	Wheelchair Accessory, Addition To Power Seating System, Power Leg Elevation System, Including Leg Rest, Pair	\$ 1,007.46	Purchase	PA Required
E1011	Modification To Pediatric Size Wheelchair, Width Adjustment Package (Not To Be Dispensed With Initial Chair)	Price By Report	Purchase	
E1012	Wheelchair Accessory, Addition To Power Seating System, Center Mount Power Elevating Leg Rest/Platform, Complete System, Any Type, Each	\$ 1,007.46	Purchase	PA Required
E1014	Reclining Back, Addition To Pediatric Size Wheelchair	\$ 405.62	Purchase	PA Required
E1015	Shock Absorber For Manual Wheelchair, Each	\$ 127.42	Purchase	
E1016	Shock Absorber For Power Wheelchair, Each	\$ 115.37	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
E1017	Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Manual Wheelchair, Each	Price By Report	Purchase	
E1018	Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Power Wheelchair, Each	Price By Report	Purchase	
E1020	Residual Limb Support System For Wheelchair, Any Type	\$ 233.03	Purchase	
E1028	Wheelchair Accessory, Manual Swingaway, Retractable Or Removable Mounting Hardware For Joystick, Other Control Interface Or Positioning Accessory	\$ 188.08	Purchase	
E1029	Wheelchair Accessory, Ventilator Tray, Fixed	\$ 353.79	Purchase	
E1030	Wheelchair Accessory, Ventilator Tray, Gimbaled	\$ 1,115.65	Purchase	PA Required
E1035	Multi-Positional Patient Transfer System, With Integrated Seat, Operated By Care Giver, Patient Weight Capacity Up To And Including 300 Lbs	\$ 531.78	Capped Rental	
E1036	Multi-Positional Patient Transfer System, Extra-Wide, With Integrated Seat, Operated By Caregiver, Patient Weight Capacity Greater Than 300 Lbs	\$ 758.79	Capped Rental	
E1050	Fully-Reclining Wheelchair, Fixed Full Length Arms, Swing Away Detachable Elevating Leg Rests	\$ 977.15	Purchase	
E1060	Fully-Reclining Wheelchair, Detachable Arms, Desk Or Full Length, Swing Away Detachable Elevating Legrests	\$ 1,112.33	Purchase	
E1070	Fully-Reclining Wheelchair, Detachable Arms (Desk Or Full Length) Swing Away Detachable Footrest	\$ 1,025.14	Purchase	
E1083	Hemi-Wheelchair, Fixed Full Length Arms, Swing Away Detach Able Elevating Leg Rest	\$ 724.55	Purchase	
E1084	Hemi-Wheelchair, Detachable Arms Desk Or Full Length Arms, Swing Away Detachable Elevating Leg Rests	\$ 920.03	Purchase	
E1087	High Strength Lightweight Wheelchair,Fixed Full Length Arms, Swing Away Detachable Elevating Leg Rests	\$ 1,158.45	Purchase	
E1088	High Strength Lightweight Wheelchair,Detachable Arms Desk Or Full Length, Swing Away Detachable Elevating Leg Rests	\$ 1,579.59	Purchase	
E1089	High Strength Lightweight Wheelchair, Fixed Length Arms, Swing Away Detachable Footrest	\$ 1,014.12	Purchase	
E1092	Wide Heavy Duty Wheel Chair, Detachable Arms Desk Of Full Length, Swing Away Detachable Elevating Leg Rests	\$ 1,167.26	Purchase	
E1093	Wide Heavy Duty Wheelchair, Detachable Arms Desk Or Full Length Arms, Swing Away Detachable Footrests	\$ 1,157.94	Purchase	
E1100	Semi-Reclining Wheelchair, Fixed Full Length Arms, Swing Away Detachable Elevating Leg Rests	\$ 921.69	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
E1110	Semi-Reclining Wheelchair, Detachable Arms (Desk Or Full Length) Elevating Leg Rest	\$ 996.07	Purchase	
E1160	Wheelchair, Fixed Full Length Arms, Swing Away Detachable Elevating Legrests	\$ 688.32	Purchase	
E1161	Manual Adult Size Wheelchair, Includes Tilt In Space	\$ 2,605.23	Purchase	PA Required
E1170	Amputee Wheelchair, Fixed Full Length Arms, Swing Away Detachable Elevating Legrests	\$ 781.24	Purchase	
E1171	Amputee Wheelchair, Fixed Full Length Arms, Without Footrests Or Legrest	\$ 751.96	Purchase	
E1172	Amputee Wheelchair, Detachable Arms (Desk Or Full Length) Without Footrests Or Legrest	\$ 780.58	Purchase	
E1180	Amputee Wheelchair, Detachable Arms (Desk Or Full Length) Swing Away Detachable Footrests	\$ 915.01	Purchase	
E1190	Amputee Wheelchair, Detachable Arms (Desk Or Full Length) Swing Away Detachable Elevating Legrests	\$ 1,029.61	Purchase	
E1195	Heavy Duty Wheelchair, Fixed Full Length Arms, Swing Away Detachable Elevating Legrests	\$ 1,003.20	Purchase	
E1200	Amputee Wheelchair, Fixed Full Length Arms, Swing Away Detach- Able Footrest	\$ 797.28	Purchase	
E1220	Wheelchair; Specially Sized Or Constructed, (Indicate Brand Name, Model Number, If Any) And Justification	Price By Report	Purchase	
E1221	Wheelchair With Fixed Arm, Footrests	\$ 52.80	Capped Rental	
E1222	Wheelchair With Fixed Arm, Elevating Legrests	\$ 75.30	Capped Rental	
E1223	Wheelchair With Detachable Arms, Footrests	\$ 82.22	Capped Rental	
E1224	Wheelchair With Detachable Arms, Elevating Legrests	\$ 90.14	Capped Rental	
E1225	Wheelchair Accessory, Manual Semi-Reclining Back, (Recline Greater Than 15 Degrees, But Less Than 80 Degrees), Each	\$ 50.22	Purchase	PA Required
E1226	Wheelchair Accessory, Manual Fully Reclining Back, (Recline Greater Than 80 Degrees), Each	\$ 518.80	Purchase	PA Required
E1227	Special Height Arms For Wheelchair	\$ 262.03	Purchase	PA Required
E1228	Special Back Height For Wheelchair	\$ 31.13	Purchase	
E1229	Wheelchair, Pediatric Size, Not Otherwise Specified	Price By Report	Purchase	
E1231	Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adjustable, With Seating System	Price By Report	Purchase	PA Required
E1232	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adjustable, With Seating System	\$ 2,354.85	Purchase	PA Required
E1233	Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adjustable, Without Seating System	\$ 2,439.63	Purchase	PA Required
E1234	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adjustable, Without Seating System	\$ 2,124.00	Purchase	PA Required
E1235	Wheelchair, Pediatric Size, Rigid, Adjustable, With Seating System	\$ 2,045.34	Purchase	PA Required
E1236	Wheelchair, Pediatric Size, Folding, Adjustable, With Seating System	\$ 1,804.41	Purchase	PA Required

Code	Description	Fee	Purchase or Rental	Prior Auth Status
E1237	Wheelchair, Pediatric Size, Rigid, Adjustable, Without Seating System	\$ 1,820.07	Purchase	PA Required
E1238	Wheelchair, Pediatric Size, Folding, Adjustable, Without Seating System	\$ 1,804.41	Purchase	PA Required
E1239	Power Wheelchair, Pediatric Size, Not Otherwise Specified	Price By Report	Purchase	
E1240	Lightweight Wheelchair, Detachable Arms, (Desk Or Full Length) Swing Away Detachable, Elevating Legrest	\$ 1,023.07	Purchase	
E1270	Lightweight Wheelchair, Fixed Full Length Arms, Swing Away Detachable Elevating Legrests	\$ 738.93	Purchase	
E1280	Heavy Duty Wheelchair, Detachable Arms (Desk Or Full Length) Elevating Legrests	\$ 1,147.87	Purchase	
E1285	Heavy Duty Wheelchair, Fixed Full Length Arms, Swing Away Detachable Footrest	\$ 1,012.01	Purchase	
E1295	Heavy Duty Wheelchair, Fixed Full Length Arms, Elevating Legrest	\$ 1,085.72	Purchase	
E1296	Special Wheelchair Seat Height From Floor	\$ 493.26	Purchase	
E1297	Special Wheelchair Seat Depth, By Upholstery	\$ 104.93	Purchase	
E1298	Special Wheelchair Seat Depth And/Or Width, By Construction	\$ 361.28	Purchase	
E1310	Whirlpool, Non-Portable (Built-In Type)	\$ 2,154.33	Purchase	PA Required
E1352	Oxygen Accessory, Flow Regulator Capable Of Positive Inspiratory Pressure	Price By Report	Purchase	
E1353	Regulator	\$ 31.32	Purchase	
E1354	Oxygen Accessory, Wheeled Cart For Portable Cylinder Or Portable Concentrator, Any Type, Replacement Only, Each	Price By Report	Purchase	
E1355	Stand/Rack	\$ 23.57	Purchase	
E1356	Oxygen Accessory, Battery Pack/Cartridge For Portable Concentrator, Any Type, Replacement Only, Each	Price By Report	Purchase	
E1357	Oxygen Accessory, Battery Charger For Portable Concentrator, Any Type, Replacement Only, Each	Price By Report	Purchase	
E1358	Oxygen Accessory, Dc Power Adapter For Portable Concentrator, Any Type, Replacement Only, Each	Price By Report	Purchase	
E1372	Immersion External Heater For Nebulizer	\$ 15.55	Capped Rental	
E1390	Oxygen Concentrator, Single Delivery Port, Capable Of Delivering 85 Percent Or Greater Oxygen Concentration At The Prescribed Flow Rate	\$ 136.04	Continuous Rental	
E1391	Oxygen Concentrator, Dual Delivery Port, Capable Of Delivering 85 Percent Or Greater Oxygen Concentration At The Prescribed Flow Rate, Each	\$ 1,360.35	Purchase	
E1392	Portable Oxygen Concentrator, Rental	\$ 43.55	Continuous Rental	
E1399	Durable Medical Equipment, Miscellaneous	Price By Report	Purchase	
E1405	Oxygen And Water Vapor Enriching System With Heated Delivery	\$ 215.07	Purchase	
E1406	Oxygen And Water Vapor Enriching System Without Heated Delivery	\$ 199.87	Purchase	
E1500	Centrifuge, For Dialysis	Price By Report	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
E1510	Kidney, Dialysate Delivery Syst Kidney Machine, Pump Recirculating, Air Removal Syst, Flowrate Meter, Power Off, Heater And Temperature Control With Alarm, I.V. Poles, Pressure Gauge, Concentrate Container	Price By Report	Capped Rental	
E1520	Heparin Infusion Pump For Hemodialysis	Price By Report	Capped Rental	
E1530	Air Bubble Detector For Hemodialysis, Each, Replacement	Price By Report	Capped Rental	
E1540	Pressure Alarm For Hemodialysis, Each, Replacement	Price By Report	Capped Rental	
E1550	Bath Conductivity Meter For Hemodialysis, Each	Price By Report	Capped Rental	
E1560	Blood Leak Detector For Hemodialysis, Each, Replacement	Price By Report	Capped Rental	
E1570	Adjustable Chair, For Esrd Patients	Price By Report	Capped Rental	
E1580	Unipuncture Control System For Hemodialysis	Price By Report	Capped Rental	
E1590	Hemodialysis Machine	Price By Report	Capped Rental	
E1592	Automatic Intermittent Peritoneal Dialysis System	Price By Report	Capped Rental	
E1594	Cycler Dialysis Machine For Peritoneal Dialysis	Price By Report	Capped Rental	
E1600	Delivery And/Or Installation Charges For Hemodialysis Equipment	Price By Report	Capped Rental	
E1610	Reverse Osmosis Water Purification System, For Hemodialysis	Price By Report	Capped Rental	
E1615	Deionizer Water Purification System, For Hemodialysis	Price By Report	Capped Rental	
E1620	Blood Pump For Hemodialysis, Replacement	Price By Report	Capped Rental	
E1625	Water Softening System, For Hemodialysis	Price By Report	Capped Rental	
E1630	Reciprocating Peritoneal Dialysis System	Price By Report	Capped Rental	
E1632	Wearable Artificial Kidney, Each	Price By Report	Capped Rental	
E1634	Peritoneal Dialysis Clamps, Each	Price By Report	Purchase	
E1635	Compact (Portable) Travel Hemodialyzer System	Price By Report	Capped Rental	
E1636	Sorbent Cartridges, For Hemodialysis, Per 10	Price By Report	Purchase	
E1637	Hemostats, Each	Price By Report	Capped Rental	
E1699	Dialysis Equipment, Not Otherwise Specified	Price By Report	Capped Rental	
E1700	Jaw Motion Rehabilitation System	\$ 345.94	Purchase	
E1701	Replacement Cushions For Jaw Motion Rehabilitation System, Pkg. Of 6	\$ 10.63	Purchase	
E1702	Replacement Measuring Scales For Jaw Motion Rehabilitation System, Pkg. Of 200	\$ 22.64	Purchase	
E1800	Dynamic Adjustable Elbow Extension/Flexion Device, Includes Soft Interface Material	\$ 112.40	Capped Rental	
E1801	Static Progressive Stretch Elbow Device, Extension And/Or Flexion, With Or Without Range Of Motion Adjustment, Includes All Components And Accessories	\$ 116.13	Capped Rental	
E1802	Dynamic Adjustable Forearm Pronation/Supination Device, Includes Soft Interface Material	\$ 299.87	Capped Rental	
E1805	Dynamic Adjustable Wrist Extension / Flexion Device, Includes Soft Interface Material	\$ 115.94	Capped Rental	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
E1806	Static Progressive Stretch Wrist Device, Flexion And/Or Extension, With Or Without Range Of Motion Adjustment, Includes All Components And Accessories	\$ 95.30	Capped Rental	
E1810	Dynamic Adjustable Knee Extension / Flexion Device, Includes Soft Interface Material	\$ 114.32	Capped Rental	
E1811	Static Progressive Stretch Knee Device, Extension And/Or Flexion, With Or Without Range Of Motion Adjustment, Includes All Components And Accessories	\$ 120.71	Capped Rental	
E1812	Dynamic Knee, Extension/Flexion Device With Active Resistance Control	\$ 78.91	Capped Rental	
E1815	Dynamic Adjustable Ankle Extension/Flexion Device, Includes Soft Interface Material	\$ 115.94	Capped Rental	
E1816	Static Progressive Stretch Ankle Device, Flexion And/Or Extension, With Or Without Range Of Motion Adjustment, Includes All Components And Accessories	\$ 122.58	Capped Rental	
E1818	Static Progressive Stretch Forearm Pronation / Supination Device, With Or Without Range Of Motion Adjustment, Includes All Components And Accessories	\$ 125.15	Capped Rental	
E1820	Replacement Soft Interface Material, Dynamic Adjustable Extension/Flexion Device	\$ 84.90	Purchase	
E1821	Replacement Soft Interface Material/Cuffs For Bi-Directional Static Progressive Stretch Device	\$ 110.25	Purchase	
E1825	Dynamic Adjustable Finger Extension/Flexion Device, Includes Soft Interface Material	\$ 115.94	Capped Rental	
E1830	Dynamic Adjustable Toe Extension/Flexion Device, Includes Soft Interface Material	\$ 115.94	Capped Rental	
E1831	Static Progressive Stretch Toe Device, Extension And/Or Flexion, With Or Without Range Of Motion Adjustment, Includes All Components And Accessories	\$ 60.62	Capped Rental	
E1840	Dynamic Adjustable Shoulder Flexion / Abduction / Rotation Device, Includes Soft Interface Material	\$ 351.17	Capped Rental	
E1841	Static Progressive Stretch Shoulder Device, With Or Without Range Of Motion Adjustment, Includes All Components And Accessories	\$ 415.65	Capped Rental	
E1902	Communication Board, Non-Electronic Augmentative Or Alternative Communication Device	Price By Report	Purchase	
E2000	Gastric Suction Pump, Home Model, Portable Or Stationary, Electric	\$ 46.63	Capped Rental	
E2100	Blood Glucose Monitor With Integrated Voice Synthesizer	\$ 708.19	Purchase	
E2101	Blood Glucose Monitor With Integrated Lancing/Blood Sample	\$ 207.61	Purchase	
E2120	Pulse Generator System For Tympanic Treatment Of Inner Ear Endolymphatic Fluid	\$ 314.95	Capped Rental	
E2201	Manual Wheelchair Accessory, Nonstandard Seat Frame, Width Greater Than Or Equal To 20 Inches And Less Than 24 Inches	\$ 414.45	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
E2202	Manual Wheelchair Accessory, Nonstandard Seat Frame Width, 24-27 Inches	\$ 43.67	Capped Rental	
E2203	Manual Wheelchair Accessory, Nonstandard Seat Frame Depth, 20 To Less Than 22 Inches	\$ 532.13	Purchase	
E2204	Manual Wheelchair Accessory, Nonstandard Seat Frame Depth, 22 To 25 Inches	\$ 903.54	Purchase	
E2205	Manual Wheelchair Accessory, Handrim Without Projections (Includes Ergonomic Or Contoured), Any Type, Replacement Only, Each	\$ 34.50	Purchase	
E2206	Manual Wheelchair Accessory, Wheel Lock Assembly, Complete, Replacement Only, Each	\$ 42.29	Purchase	
E2207	Wheelchair Accessory, Crutch And Cane Holder, Each	\$ 42.77	Purchase	
E2208	Wheelchair Accessory, Cylinder Tank Carrier, Each	\$ 117.19	Purchase	
E2209	Arm Trough, With Or Without Hand Support, Each	\$ 105.73	Purchase	
E2210	Wheelchair Accessory, Bearings, Any Type, Replacement Only, Each	\$ 5.79	Purchase	
E2211	Manual Wheelchair Accessory, Pneumatic Propulsion Tire, Any Size, Each	\$ 41.04	Purchase	
E2212	Manual Wheelchair Accessory, Tube For Pneumatic Propulsion Tire, Any Size, Each	\$ 6.21	Purchase	
E2213	Manual Wheelchair Accessory, Insert For Pneumatic Propulsion Tire (Removable), Any Type, Any Size, Each	\$ 31.01	Purchase	
E2214	Manual Wheelchair Accessory, Pneumatic Caster Tire, Any Size, Each	\$ 36.12	Purchase	
E2215	Manual Wheelchair Accessory, Tube For Pneumatic Caster Tire, Any Size, Each	\$ 9.48	Purchase	
E2216	Manual Wheelchair Accessory, Foam Filled Propulsion Tire, Any Size, Each	\$ 42.79	Purchase	
E2217	Manual Wheelchair Accessory, Foam Filled Caster Tire, Any Size, Each	\$ 37.86	Purchase	
E2218	Manual Wheelchair Accessory, Foam Propulsion Tire, Any Size, Each	\$ 42.79	Purchase	
E2219	Manual Wheelchair Accessory, Foam Caster Tire, Any Size, Each	\$ 38.88	Purchase	
E2220	Manual Wheelchair Accessory, Solid (Rubber/Plastic) Propulsion Tire, Any Size, Replacement Only, Each	\$ 25.95	Purchase	
E2221	Manual Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire (Removable), Any Size, Replacement Only, Each	\$ 26.72	Purchase	
E2222	Manual Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire With Integrated Wheel, Any Size, Replacement Only, Each	\$ 23.40	Purchase	
E2224	Manual Wheelchair Accessory, Propulsion Wheel Excludes Tire, Any Size, Replacement Only, Each	\$ 108.92	Purchase	
E2225	Manual Wheelchair Accessory, Caster Wheel Excludes Tire, Any Size, Replacement Only, Each	\$ 19.33	Purchase	
E2226	Manual Wheelchair Accessory, Caster Fork, Any Size, Replacement Only, Each	\$ 41.95	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
E2227	Manual Wheelchair Accessory, Gear Reduction Drive Wheel, Each	\$ 2,077.93	Purchase	PA Required
E2228	Manual Wheelchair Accessory, Wheel Braking System And Lock, Complete, Each	\$ 1,040.02	Purchase	
E2231	Manual Wheelchair Accessory, Solid Seat Support Base (Replaces Sling Seat), Includes Any Type Mounting Hardware	\$ 170.70	Purchase	
E2291	Back, Planar, For Pediatric Size Wheelchair Including Fixed Attaching Hardware	Price By Report	Purchase	
E2292	Seat, Planar, For Pediatric Size Wheelchair Including Fixed Attaching Hardware	Price By Report	Purchase	
E2293	Back, Contoured, For Pediatric Size Wheelchair Including Fixed Attaching Hardware	Price By Report	Purchase	
E2294	Seat, Contoured, For Pediatric Size Wheelchair Including Fixed Attaching Hardware	Price By Report	Purchase	
E2295	Manual Wheelchair Accessory, For Pediatric Size Wheelchair, Dynamic Seating Frame, Allows Coordinated Movement Of Multiple Positioning Features	Price By Report	Purchase	PA Required
E2300	Wheelchair Accessory, Power Seat Elevation System, Any Type	Price By Report	Purchase	PA Required
E2310	Power Wheelchair Accessory, Electronic Connection Between Wheelchair Controller And One Power Seating System Motor, Including All Related Electronics, Indicator Feature, Mechanical Function Selection Switch, And Fixed Mounting Hardware	\$ 1,120.39	Purchase	
E2311	Power Wheelchair Accessory, Electronic Connection Between Wheelchair Controller And Two Or More Power Seating System Motors, Including All Related Electronics, Indicator Feature, Mechanical Function Selection Switch, And Fixed Mounting Hardware	\$ 2,081.59	Purchase	
E2312	Power Wheelchair Accessory, Hand Or Chin Control Interface, Mini-Proportional Remote Joystick, Proportional, Including Fixed Mounting Hardware	\$ 2,240.19	Purchase	PA Required
E2313	Power Wheelchair Accessory, Harness For Upgrade To Expandable Controller, Including All Fasteners, Connectors And Mounting Hardware, Each	\$ 344.16	Purchase	
E2321	Power Wheelchair Accessory, Hand Control Interface, Remote Joystick, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, And Fixed Mounting Hardware	\$ 1,521.42	Purchase	PA Required
E2322	Power Wheelchair Accessory, Hand Control Interface, Multiple Mechanical Switches, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, And Fixed Mounting Hardware	\$ 1,350.32	Purchase	PA Required
E2323	Power Wheelchair Accessory, Specialty Joystick Handle For Hand Control Interface, Prefabricated	\$ 66.22	Purchase	PA Required
E2324	Power Wheelchair Accessory, Chin Cup For Chin Control Interface	\$ 41.94	Purchase	PA Required



Code	Description	Fee	Purchase or Rental	Prior Auth Status
E2325	Power Wheelchair Accessory, Sip And Puff Interface, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, And Manual Swingaway Mounting Hardware	\$ 1,289.46	Purchase	PA Required
E2326	Power Wheelchair Accessory, Breath Tube Kit For Sip And Puff Interface	\$ 332.36	Purchase	PA Required
E2327	Power Wheelchair Accessory, Head Control Interface, Mechanical, Proportional, Including All Related Electronics, Mechanical Direction Change Switch, And Fixed Mounting Hardware	\$ 2,501.11	Purchase	PA Required
E2328	Power Wheelchair Accessory, Head Control Or Extremity Control Interface, Electronic, Proportional, Including All Related Electronics And Fixed Mounting Hardware	\$ 4,744.27	Purchase	PA Required
E2329	Power Wheelchair Accessory, Head Control Interface, Contact Switch Mechanism, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, Mechanical Direction Change Switch, Head Array, And Fixed Mounting Hardware	\$ 1,690.91	Purchase	PA Required
E2330	Power Wheelchair Accessory, Head Control Interface, Proximity Switch Mechanism, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, Mechanical Direction Change Switch, Head Array, And Fixed Mounting Hardware	\$ 3,086.04	Purchase	PA Required
E2331	Power Wheelchair Accessory, Attendant Control, Proportional, Including All Related Electronics And Fixed Mounting Hardware	Price By Report	Purchase	PA Required
E2340	Power Wheelchair Accessory, Nonstandard Seat Frame Width, 20-23 Inches	\$ 398.06	Purchase	
E2341	Power Wheelchair Accessory, Nonstandard Seat Frame Width, 24-27 Inches	\$ 597.15	Purchase	
E2342	Power Wheelchair Accessory, Nonstandard Seat Frame Depth, 20 Or 21 Inches	\$ 497.63	Purchase	
E2343	Power Wheelchair Accessory, Nonstandard Seat Frame Depth, 22-25 Inches	\$ 796.20	Purchase	
E2351	Power Wheelchair Accessory, Electronic Interface To Operate Speech Generating Device Using Power Wheelchair Control Interface	\$ 668.87	Purchase	PA Required
E2358	Power Wheelchair Accessory, Group 34 Non-Sealed Lead Acid Battery, Each	Price By Report	Purchase	
E2359	Power Wheelchair Accessory, Group 34 Sealed Lead Acid Battery, Each (E.G. Gel Cell, Absorbed Glassmat)	\$ 193.43	Purchase	
E2360	Power Wheelchair Accessory, 22 Nf Non-Sealed Lead Acid Battery, Each	\$ 112.71	Purchase	
E2361	Power Wheelchair Accessory, 22Nf Sealed Lead Acid Battery, Each, (E.G. Gel Cell, Absorbed Glassmat)	\$ 151.41	Purchase	
E2362	Power Wheelchair Accessory, Group 24 Non-Sealed Lead Acid Battery, Each	\$ 90.74	Purchase	
E2363	Power Wheelchair Accessory, Group 24 Sealed Lead Acid Battery, Each (E.G. Gel Cell, Absorbed Glassmat)	\$ 197.71	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
E2364	Power Wheelchair Accessory, U-1 Non-Sealed Lead Acid Battery, Each	\$ 112.71	Purchase	
E2365	Power Wheelchair Accessory, U-1 Sealed Lead Acid Battery, Each (E.G. Gel Cell, Absorbed Glassmat)	\$ 110.66	Purchase	
E2366	Power Wheelchair Accessory, Battery Charger, Single Mode, For Use With Only One Battery Type, Sealed Or Non-Sealed, Each	\$ 264.47	Purchase	
E2367	Power Wheelchair Accessory, Battery Charger, Dual Mode, For Use With Either Battery Type, Sealed Or Non-Sealed, Each	\$ 264.47	Purchase	
E2368	Power Wheelchair Component, Drive Wheel Motor, Replacement Only	\$ 494.57	Purchase	
E2369	Power Wheelchair Component, Drive Wheel Gear Box, Replacement Only	\$ 430.77	Purchase	
E2370	Power Wheelchair Component, Integrated Drive Wheel Motor And Gear Box Combination, Replacement Only	\$ 768.66	Purchase	
E2371	Power Wheelchair Accessory, Group 27 Sealed Lead Acid Battery, (E.G. Gel Cell, Absorbed Glassmat), Each	\$ 144.31	Purchase	
E2372	Power Wheelchair Accessory, Group 27 Non-Sealed Lead Acid Battery, Each	Price By Report	Purchase	
E2373	Power Wheelchair Accessory, Hand Or Chin Control Interface, Compact Remote Joystick, Proportional, Including Fixed Mounting Hardware	\$ 733.80	Purchase	PA Required
E2374	Power Wheelchair Accessory, Hand Or Chin Control Interface, Standard Remote Joystick (Not Including Controller), Proportional, Including All Related Electronics And Fixed Mounting Hardware, Replacement Only	\$ 480.45	Purchase	
E2375	Power Wheelchair Accessory, Non-Expandable Controller, Including All Related Electronics And Mounting Hardware, Replacement Only	\$ 820.08	Purchase	
E2376	Power Wheelchair Accessory, Expandable Controller, Including All Related Electronics And Mounting Hardware, Replacement Only	\$ 1,285.10	Purchase	
E2377	Power Wheelchair Accessory, Expandable Controller, Including All Related Electronics And Mounting Hardware, Upgrade Provided At Initial Issue	\$ 426.75	Purchase	
E2378	Power Wheelchair Component, Actuator, Replacement Only	\$ 565.75	Purchase	
E2381	Power Wheelchair Accessory, Pneumatic Drive Wheel Tire, Any Size, Replacement Only, Each	\$ 71.70	Purchase	
E2382	Power Wheelchair Accessory, Tube For Pneumatic Drive Wheel Tire, Any Size, Replacement Only, Each	\$ 19.53	Purchase	
E2383	Power Wheelchair Accessory, Insert For Pneumatic Drive Wheel Tire (Removable), Any Type, Any Size, Replacement Only, Each	\$ 142.97	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
E2384	Power Wheelchair Accessory, Pneumatic Caster Tire, Any Size, Replacement Only, Each	\$ 76.19	Purchase	
E2385	Power Wheelchair Accessory, Tube For Pneumatic Caster Tire, Any Size, Replacement Only, Each	\$ 46.61	Purchase	
E2386	Power Wheelchair Accessory, Foam Filled Drive Wheel Tire, Any Size, Replacement Only, Each	\$ 141.67	Purchase	
E2387	Power Wheelchair Accessory, Foam Filled Caster Tire, Any Size, Replacement Only, Each	\$ 61.12	Purchase	
E2388	Power Wheelchair Accessory, Foam Drive Wheel Tire, Any Size, Replacement Only, Each	\$ 48.23	Purchase	
E2389	Power Wheelchair Accessory, Foam Caster Tire, Any Size, Replacement Only, Each	\$ 26.19	Purchase	
E2390	Power Wheelchair Accessory, Solid (Rubber/Plastic) Drive Wheel Tire, Any Size, Replacement Only, Each	\$ 40.97	Purchase	
E2391	Power Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire (Removable), Any Size, Replacement Only, Each	\$ 19.63	Purchase	
E2392	Power Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire With Integrated Wheel, Any Size, Replacement Only, Each	\$ 51.59	Purchase	
E2394	Power Wheelchair Accessory, Drive Wheel Excludes Tire, Any Size, Replacement Only, Each	\$ 73.49	Purchase	
E2395	Power Wheelchair Accessory, Caster Wheel Excludes Tire, Any Size, Replacement Only, Each	\$ 52.21	Purchase	
E2396	Power Wheelchair Accessory, Caster Fork, Any Size, Replacement Only, Each	\$ 55.12	Purchase	
E2397	Power Wheelchair Accessory, Lithium-Based Battery, Each	\$ 460.04	Purchase	
E2398	Wheelchair Accessory, Dynamic Positioning Hardware For Back	Price By Report	Purchase	PA Required
E2402	Negative Pressure Wound Therapy Electrical Pump, Stationary Or Portable	\$ 962.81	Capped Rental	PA Required
E2500	Speech Generating Device, Digitized Speech, Using Pre-Recorded Messages, Less Than Or Equal To 8 Minutes Recording Time	\$ 409.68	Purchase	PA Required
E2502	Speech Generating Device, Digitized Speech, Using Pre-Recorded Messages, Greater Than 8 Minutes But Less Than Or Equal To 20 Minutes Recording Time	\$ 1,316.66	Purchase	PA Required
E2504	Speech Generating Device, Digitized Speech, Using Pre-Recorded Messages, Greater Than 20 Minutes But Less Than Or Equal To 40 Minutes Recording Time	\$ 1,752.19	Purchase	PA Required
E2506	Speech Generating Device, Digitized Speech, Using Pre-Recorded Messages, Greater Than 40 Minutes Recording Time	\$ 2,546.77	Purchase	PA Required

Code	Description	Fee	Purchase or Rental	Prior Auth Status
E2508	Speech Generating Device, Synthesized Speech, Requiring Message Formulation By Spelling And Access By Physical Contact With The Device	\$ 398.16	Purchase	PA Required
E2510	Speech Generating Device, Synthesized Speech, Permitting Multiple Methods Of Message Formulation And Multiple Methods Of Device Access	\$ 7,452.45	Purchase	PA Required
E2511	Speech Generating Software Program, For Personal Computer Or Personal Digital Assistant	\$ 29.14	Purchase	PA Required
E2512	Accessory For Speech Generating Device, Mounting System	\$ 419.41	Purchase	PA Required
E2599	Accessory For Speech Generating Device, Not Otherwise Classified	\$ 190.39	Purchase	PA Required
E2601	General Use Wheelchair Seat Cushion, Width Less Than 22 Inches, Any Depth	\$ 53.72	Purchase	
E2602	General Use Wheelchair Seat Cushion, Width 22 Inches Or Greater, Any Depth	\$ 114.31	Purchase	
E2603	Skin Protection Wheelchair Seat Cushion, Width Less Than 22 Inches, Any Depth	\$ 133.19	Purchase	
E2604	Skin Protection Wheelchair Seat Cushion, Width 22 Inches Or Greater, Any Depth	\$ 180.39	Purchase	
E2605	Positioning Wheelchair Seat Cushion, Width Less Than 22 Inches, Any Depth	\$ 257.70	Purchase	
E2606	Positioning Wheelchair Seat Cushion, Width 22 Inches Or Greater, Any Depth	\$ 402.04	Purchase	
E2607	Skin Protection And Positioning Wheelchair Seat Cushion, Width Less Than 22 Inches, Any Depth	\$ 254.67	Purchase	
E2608	Skin Protection And Positioning Wheelchair Seat Cushion, Width 22 Inches Or Greater, Any Depth	\$ 333.26	Purchase	
E2609	Custom Fabricated Wheelchair Seat Cushion, Any Size	Price By Report	Purchase	PA Required
E2610	Wheelchair Seat Cushion, Powered	Price By Report	Purchase	
E2611	General Use Wheelchair Back Cushion, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware	\$ 274.44	Purchase	
E2612	General Use Wheelchair Back Cushion, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware	\$ 371.25	Purchase	
E2613	Positioning Wheelchair Back Cushion, Posterior, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware	\$ 345.32	Purchase	
E2614	Positioning Wheelchair Back Cushion, Posterior, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware	\$ 477.91	Purchase	
E2615	Positioning Wheelchair Back Cushion, Posterior-Lateral, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware	\$ 397.41	Purchase	
E2616	Positioning Wheelchair Back Cushion, Posterior-Lateral, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware	\$ 534.70	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
E2617	Custom Fabricated Wheelchair Back Cushion, Any Size, Including Any Type Mounting Hardware	Price By Report	Purchase	PA Required
E2619	Replacement Cover For Wheelchair Seat Cushion Or Back Cushion, Each	\$ 45.09	Purchase	
E2620	Positioning Wheelchair Back Cushion, Planar Back With Lateral Supports, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware	\$ 605.71	Purchase	
E2621	Positioning Wheelchair Back Cushion, Planar Back With Lateral Supports, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware	\$ 505.00	Purchase	
E2622	Skin Protection Wheelchair Seat Cushion, Adjustable, Width Less Than 22 Inches, Any Depth	\$ 291.23	Purchase	
E2623	Skin Protection Wheelchair Seat Cushion, Adjustable, Width 22 Inches Or Greater Any Depth	\$ 370.58	Purchase	
E2624	Skin Protection And Positioning Wheelchair Seat Cushion, Adjustable, Width Less Than 22 Inches, Any Depth	\$ 293.62	Purchase	
E2625	Skin Protection And Positioning Wheelchair Seat Cushion, Adjustable, Width 22 Or Greater, Any Depth	\$ 371.71	Purchase	
E2626	Wheelchair Accessory, Shoulder Elbow, Mobile Arm Support Attached To Wheelchair, Balanced, Adjustable	\$ 586.46	Purchase	
E2627	Wheelchair Accessory, Shoulder Elbow, Mobile Arm Support Attached To Wheelchair, Balanced, Adjustable Rancho Type	\$ 935.81	Purchase	
E2628	Wheelchair Accessory, Shoulder Elbow, Mobile Arm Support Attached To Wheelchair, Balanced, Reclining	\$ 704.97	Purchase	
E2629	Wheelchair Accessory, Shoulder Elbow, Mobile Arm Support Attached To Wheelchair, Balanced, Friction Arm Support (Friction Dampening To Proximal And Distal Joints)	\$ 892.12	Purchase	
E2630	Wheelchair Accessory, Shoulder Elbow, Mobile Arm Support, Monosuspension Arm And Hand Support, Overhead Elbow Forearm Hand Sling Support, Yoke Type Suspension Support	\$ 623.87	Purchase	
E2631	Wheelchair Accessory, Addition To Mobile Arm Support, Elevating Proximal Arm	\$ 249.56	Purchase	
E2632	Wheelchair Accessory, Addition To Mobile Arm Support, Offset Or Lateral Rocker Arm With Elastic Balance Control	\$ 158.70	Purchase	
E2633	Wheelchair Accessory, Addition To Mobile Arm Support, Supinator	\$ 134.59	Purchase	
E8000	Gait Trainer, Pediatric Size, Posterior Support, Includes All Accessories And Components	Price By Report	Purchase	PA Required
E8001	Gait Trainer, Pediatric Size, Upright Support, Includes All Accessories And Components	Price By Report	Purchase	PA Required
E8002	Gait Trainer, Pediatric Size, Anterior Support, Includes All Accessories And Components	Price By Report	Purchase	PA Required
K0001	Standard Wheelchair	\$ 34.34	Capped Rental	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
K0002	Standard Hemi (Low Seat) Wheelchair	\$ 54.62	Capped Rental	PA Required
K0003	Lightweight Wheelchair	\$ 55.94	Capped Rental	PA Required
K0004	High Strength, Lightweight Wheelchair	\$ 79.59	Capped Rental	PA Required
K0005	Ultralightweight Wheelchair	\$ 2,001.60	Purchase	PA Required
K0006	Heavy Duty Wheelchair	\$ 84.68	Capped Rental	PA Required
K0007	Extra Heavy Duty Wheelchair	\$ 118.16	Capped Rental	PA Required
K0008	Custom Manual Wheelchair/Base	Price By Report	Purchase	
K0009	Other Manual Wheelchair/Base	\$ 68.22	Capped Rental	PA Required
K0010	Standard - Weight Frame Motorized/Power Wheelchair	\$ 384.23	Capped Rental	PA Required
K0011	Standard - Weight Frame Motorized/Power Wheelchair With Programmable Control Parameters For Speed Adjustment, Tremor Dampening, Acceleration Control And Braking	\$ 457.04	Capped Rental	PA Required
K0012	Lightweight Portable Motorized/Power Wheelchair	\$ 287.41	Capped Rental	PA Required
K0013	Custom Motorized/Power Wheelchair Base	Price By Report	Purchase	PA Required
K0014	Other Motorized/Power Wheelchair Base	Price By Report	Purchase	PA Required
K0015	Detachable, Non-Adjustable Height Armrest, Replacement Only, Each	\$ 179.25	Purchase	
K0017	Detachable, Adjustable Height Armrest, Base, Replacement Only, Each	\$ 50.40	Purchase	
K0018	Detachable, Adjustable Height Armrest, Upper Portion, Replacement Only, Each	\$ 28.18	Purchase	
K0019	Arm Pad, Replacement Only, Each	\$ 17.27	Purchase	
K0020	Fixed, Adjustable Height Armrest, Pair	\$ 45.82	Purchase	
K0037	High Mount Flip-Up Footrest, Each	\$ 41.58	Purchase	
K0038	Leg Strap, Each	\$ 23.92	Purchase	
K0039	Leg Strap, H Style, Each	\$ 53.16	Purchase	
K0040	Adjustable Angle Footplate, Each	\$ 73.65	Purchase	
K0041	Large Size Footplate, Each	\$ 52.20	Purchase	
K0042	Standard Size Footplate, Replacement Only, Each	\$ 31.05	Purchase	
K0043	Footrest, Lower Extension Tube, Replacement Only, Each	\$ 19.26	Purchase	
K0044	Footrest, Upper Hanger Bracket, Replacement Only, Each	\$ 16.40	Purchase	
K0045	Footrest, Complete Assembly, Replacement Only, Each	\$ 48.27	Purchase	
K0046	Elevating Legrest, Lower Extension Tube, Replacement Only, Each	\$ 19.26	Purchase	
K0047	Elevating Legrest, Upper Hanger Bracket, Replacement Only, Each	\$ 75.43	Purchase	
K0050	Ratchet Assembly, Replacement Only	\$ 32.04	Purchase	
K0051	Cam Release Assembly, Footrest Or Legrest, Replacement Only, Each	\$ 51.88	Purchase	
K0052	Swingaway, Detachable Footrests, Replacement Only, Each	\$ 91.20	Purchase	
K0053	Elevating Footrests, Articulating (Telescoping), Each	\$ 100.63	Purchase	
K0056	Seat Height Less Than 17" Or Equal To Or Greater Than 21" For A High Strength, Lightweight, Or Ultralightweight Wheelchair	\$ 97.27	Purchase	
K0065	Spoke Protectors, Each	\$ 43.84	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
K0069	Rear Wheel Assembly, Complete, With Solid Tire, Spokes Or Molded, Replacement Only, Each	\$ 100.10	Purchase	
K0070	Rear Wheel Assembly, Complete, With Pneumatic Tire, Spokes Or Molded, Replacement Only, Each	\$ 175.18	Purchase	
K0071	Front Caster Assembly, Complete, With Pneumatic Tire, Replacement Only, Each	\$ 107.77	Purchase	
K0072	Front Caster Assembly, Complete, With Semi-Pneumatic Tire, Replacement Only, Each	\$ 65.25	Purchase	
K0073	Caster Pin Lock, Each	\$ 33.01	Purchase	
K0077	Front Caster Assembly, Complete, With Solid Tire, Replacement Only, Each	\$ 57.83	Purchase	
K0098	Drive Belt For Power Wheelchair, Replacement Only	\$ 25.26	Purchase	
K0105	Iv Hanger, Each	\$ 102.26	Purchase	
K0108	Other Accessories	Price By Report	Purchase	PA Required
K0195	Elevating Leg Rests, Pair (For use With Capped Rental Wheelchair Base)	\$ 20.32	Capped Rental	
K0455	Infusion Pump Used For Uninterrupted Parenteral Administration Of Medication, (E.G., Epoprostenol Or Treprostinol)	\$ 286.00	Continuous Rental	
K0462	Temporary Replacement For Patient Owned Equipment Being Repaired, Any Type	Price By Report	Purchase	
K0552	Supplies For External Non-Insulin Drug Infusion Pump, Syringe Type Cartridge, Sterile, Each	\$ 2.91	Purchase	
K0553	Supply Allowance For Therapeutic Continuous Glucose Monitor (Cgm), Includes All Supplies And Accessories, 1 Month Supply = 1 Unit Of Service	\$ 239.60	Purchase	PA Required
K0554	Receiver (Monitor), Dedicated, For Use With Therapeutic Glucose Continuous Monitor System	\$ 232.77	Purchase	PA Required
K0601	Replacement Battery For External Infusion Pump Owned By Patient, Silver Oxide, 1.5 Volt, Each	\$ 1.23	Purchase	
K0602	Replacement Battery For External Infusion Pump Owned By Patient, Silver Oxide, 3 Volt, Each	\$ 7.08	Purchase	
K0603	Replacement Battery For External Infusion Pump Owned By Patient, Alkaline, 1.5 Volt, Each	\$ 0.63	Purchase	
K0604	Replacement Battery For External Infusion Pump Owned By Patient, Lithium, 3.6 Volt, Each	\$ 6.76	Purchase	
K0605	Replacement Battery For External Infusion Pump Owned By Patient, Lithium, 4.5 Volt, Each	\$ 16.22	Purchase	
K0606	Automatic External Defibrillator, With Integrated Electrocardiogram Analysis, Garment Type	\$ 2,797.31	Capped Rental	
K0607	Replacement Battery For Automated External Defibrillator, Garment Type Only, Each	\$ 215.76	Purchase	
K0608	Replacement Garment For Use With Automated External Defibrillator, Each	\$ 134.65	Purchase	



Code	Description	Fee	Purchase or Rental	Prior Auth Status
K0609	Replacement Electrodes For Use With Automated External Defibrillator, Garment Type Only, Each	\$ 895.40	Purchase	
K0669	Wheelchair Accessory, Wheelchair Seat Or Back Cushion, Does Not Meet Specific Code Criteria Or No Written Coding Verification From Dme Pdac	Price By Report	Purchase	
K0672	Addition To Lower Extremity Orthosis, Removable Soft Interface, All Components, Replacement Only, Each	\$ 82.12	Purchase	
K0730	Controlled Dose Inhalation Drug Delivery System	\$ 1,898.19	Purchase	
K0733	Power Wheelchair Accessory, 12 To 24 Amp Hour Sealed Lead Acid Battery, Each (E.G., Gel Cell, Absorbed Glassmat)	\$ 28.92	Purchase	
K0738	Portable Gaseous Oxygen System, Rental; Home Compressor Used To Fill Portable Oxygen Cylinders; Includes Portable Containers, Regulator, Flowmeter, Humidifier, Cannula Or Mask, And Tubing	\$ 43.55	Continuous Rental	
K0739	Repair Or Nonroutine Service For Durable Medical Equipment Other Than Oxygen Requiring The Skill Of A Technician, Labor Component, Per 15 Minutes	\$ 15.26	Purchase	
K0740	Repair Or Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Technician, Labor Component, Per 15 Minutes	\$ 16.11	Purchase	
K0743	Suction Pump, Home Model, Portable, For Use On Wounds	Price By Report	Purchase	
K0744	Absorptive Wound Dressing For Use With Suction Pump, Home Model, Portable, Pad Size 16 Square Inches Or Less	Price By Report	Purchase	
K0745	Absorptive Wound Dressing For Use With Suction Pump, Home Model, Portable, Pad Size More Than 16 Square Inches But Less Than Or Equal To 48 Square Inches	Price By Report	Purchase	
K0746	Absorptive Wound Dressing For Use With Suction Pump, Home Model, Portable, Pad Size Greater Than 48 Square Inches	Price By Report	Purchase	
K0813	Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds	\$ 2,042.46	Purchase	PA Required
K0814	Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	\$ 3,293.88	Purchase	PA Required
K0815	Power Wheelchair, Group 1 Standard, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds	\$ 2,693.04	Purchase	PA Required
K0816	Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	\$ 2,547.96	Purchase	PA Required
K0820	Power Wheelchair, Group 2 Standard, Portable, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	\$ 2,144.94	Purchase	PA Required



Code	Description	Fee	Purchase or Rental	Prior Auth Status
K0821	Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	\$ 2,521.32	Purchase	PA Required
K0822	Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	\$ 2,920.38	Purchase	PA Required
K0823	Power Wheelchair, Group 2 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	\$ 2,861.82	Purchase	PA Required
K0824	Power Wheelchair, Group 2 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds	\$ 3,765.90	Purchase	PA Required
K0825	Power Wheelchair, Group 2 Heavy Duty, Captains Chair, Patient Weight Capacity 301 To 450 Pounds	\$ 3,463.86	Purchase	PA Required
K0826	Power Wheelchair, Group 2 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds	\$ 5,460.42	Purchase	PA Required
K0827	Power Wheelchair, Group 2 Very Heavy Duty, Captains Chair, Patient Weight Capacity 451 To 600 Pounds	\$ 4,701.18	Purchase	PA Required
K0828	Power Wheelchair, Group 2 Extra Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 601 Pounds Or More	\$ 6,358.32	Purchase	PA Required
K0829	Power Wheelchair, Group 2 Extra Heavy Duty, Captains Chair, Patient Weight 601 Pounds Or More	\$ 6,004.50	Purchase	PA Required
K0830	Power Wheelchair, Group 2 Standard, Seat Elevator, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	\$ 4,146.90	Purchase	PA Required
K0831	Power Wheelchair, Group 2 Standard, Seat Elevator, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	\$ 4,146.90	Purchase	PA Required
K0835	Power Wheelchair, Group 2 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	\$ 3,059.34	Purchase	PA Required
K0836	Power Wheelchair, Group 2 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	\$ 3,172.86	Purchase	PA Required
K0837	Power Wheelchair, Group 2 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds	\$ 3,752.46	Purchase	PA Required
K0838	Power Wheelchair, Group 2 Heavy Duty, Single Power Option, Captains Chair, Patient Weight Capacity 301 To 450 Pounds	\$ 3,344.88	Purchase	PA Required
K0839	Power Wheelchair, Group 2 Very Heavy Duty, Single Power Option Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds	\$ 4,907.10	Purchase	PA Required
K0840	Power Wheelchair, Group 2 Extra Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 601 Pounds Or More	\$ 7,473.42	Purchase	PA Required

Code	Description	Fee	Purchase or Rental	Prior Auth Status
K0841	Power Wheelchair, Group 2 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	\$ 3,327.30	Purchase	PA Required
K0842	Power Wheelchair, Group 2 Standard, Multiple Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	\$ 3,325.44	Purchase	PA Required
K0843	Power Wheelchair, Group 2 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds	\$ 3,982.20	Purchase	PA Required
K0848	Power Wheelchair, Group 3 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	\$ 5,015.16	Purchase	PA Required
K0849	Power Wheelchair, Group 3 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	\$ 4,821.72	Purchase	PA Required
K0850	Power Wheelchair, Group 3 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds	\$ 5,817.24	Purchase	PA Required
K0851	Power Wheelchair, Group 3 Heavy Duty, Captains Chair, Patient Weight Capacity 301 To 450 Pounds	\$ 5,593.38	Purchase	PA Required
K0852	Power Wheelchair, Group 3 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds	\$ 6,606.98	Purchase	PA Required
K0853	Power Wheelchair, Group 3 Very Heavy Duty, Captains Chair, Patient Weight Capacity 451 To 600 Pounds	\$ 6,904.74	Purchase	PA Required
K0854	Power Wheelchair, Group 3 Extra Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 601 Pounds Or More	\$ 9,366.81	Purchase	PA Required
K0855	Power Wheelchair, Group 3 Extra Heavy Duty, Captains Chair, Patient Weight Capacity 601 Pounds Or More	\$ 8,221.62	Purchase	PA Required
K0856	Power Wheelchair, Group 3 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	\$ 5,383.08	Purchase	PA Required
K0857	Power Wheelchair, Group 3 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	\$ 5,491.02	Purchase	PA Required
K0858	Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight 301 To 450 Pounds	\$ 6,678.90	Purchase	PA Required
K0859	Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Captains Chair, Patient Weight Capacity 301 To 450 Pounds	\$ 6,369.60	Purchase	PA Required
K0860	Power Wheelchair, Group 3 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds	\$ 9,541.68	Purchase	PA Required
K0861	Power Wheelchair, Group 3 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	\$ 5,391.72	Purchase	PA Required

Code	Description	Fee	Purchase or Rental	Prior Auth Status
K0862	Power Wheelchair, Group 3 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds	\$ 6,678.90	Purchase	PA Required
K0863	Power Wheelchair, Group 3 Very Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds	\$ 9,541.68	Purchase	PA Required
K0864	Power Wheelchair, Group 3 Extra Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 601 Pounds Or More	\$ 10,803.60	Purchase	PA Required
K0868	Power Wheelchair, Group 4 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	Price By Report	Purchase	PA Required
K0869	Power Wheelchair, Group 4 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	Price By Report	Purchase	PA Required
K0870	Power Wheelchair, Group 4 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds	\$ 900.37	Purchase	PA Required
K0871	Power Wheelchair, Group 4 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds	Price By Report		PA Required
K0877	Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	Price By Report	Purchase	PA Required
K0878	Power Wheelchair, Group 4 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	Price By Report	Purchase	PA Required
K0879	Power Wheelchair, Group 4 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds	Price By Report	Purchase	PA Required
K0880	Power Wheelchair, Group 4 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight 451 To 600 Pounds	Price By Report	Purchase	PA Required
K0884	Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	Price By Report	Purchase	PA Required
K0885	Power Wheelchair, Group 4 Standard, Multiple Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	Price By Report	Purchase	PA Required
K0886	Power Wheelchair, Group 4 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds	Price By Report	Purchase	PA Required
K0890	Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 125 Pounds	Price By Report	Purchase	PA Required
K0891	Power Wheelchair, Group 5 Pediatric, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 125 Pounds	Price By Report	Purchase	PA Required
K0898	Power Wheelchair, Not Otherwise Classified	Price By Report	Purchase	PA Required

Code	Description	Fee	Purchase or Rental	Prior Auth Status
K0900	Customized Durable Medical Equipment, Other Than Wheelchair	Price By Report	Purchase	
K1005	Disposable Collection And Storage Bag For Breast Milk, Any Size, Any Type, Each	Price By Report	Purchase	
K1006	Suction Pump, Home Model, Portable Or Stationary, Electric, Any Type, For Use With External Urine Management System	Price By Report	Purchase	
K1007	Bilateral Hip, Knee, Ankle, Foot Device, Powered, Includes Pelvic Component, Single Or Double Upright(S), Knee Joints Any Type, With Or Without Ankle Joints Any Type, Includes All Components And Accessories, Motors, Microprocessors, Sensors	Price By Report	Purchase	
K1009	Speech Volume Modulation System, Any Type, Including All Components And Accessories	Price By Report	Purchase	
K1013	Enema Tube, Any Type, Replacement Only, Each	Price By Report	Purchase	PA Required
K1014	Addition, Endoskeletal Knee-Shin System, 4 Bar Linkage Or Multiaxial, Fluid Swin G And Stance Phase Control	Price By Report	Purchase	PA Required
K1015	Foot, Adductus Positioning Device, Adjustable	Price By Report	Purchase	PA Required
K1016	Transcutaneous Electrical Nerve Stimulator For Electrical Stimulation Of The Tri Geminal Nerve	Price By Report	Purchase	PA Required
K1017	Monthly Supplies For Use Of Device Coded At K1016	Price By Report	Purchase	PA Required
K1018	External Upper Limb Tremor Stimulator Of The Peripheral Nerves Of The Wrist	Price By Report	Purchase	PA Required
K1019	Monthly Supplies For Use Of Device Coded At K1018	Price By Report	Purchase	PA Required
K1020	Non-Invasive Vagus Nerve Stimulator	Price By Report	Purchase	PA Required
L0112	Cranial Cervical Orthosis, Congenital Torticollis Type, With Or Without Soft Interface Material, Adjustable Range Of Motion Joint, Custom Fabricated	\$ 1,355.40	Purchase	
L0113	Cranial Cervical Orthosis, Torticollis Type, With Or Without Joint, With Or Without Soft Interface Material, Prefabricated, Includes Fitting And Adjustment	\$ 276.18	Purchase	
L0120	Cervical, Flexible, Non-Adjustable, Prefabricated, Off-The-Shelf (Foam Collar)	\$ 22.98	Purchase	
L0130	Cervical, Flexible, Thermoplastic Collar, Molded To Patient	\$ 141.27	Purchase	
L0140	Cervical, Semi-Rigid, Adjustable (Plastic Collar)	\$ 62.59	Purchase	
L0150	Cervical, Semi-Rigid, Adjustable Molded Chin Cup (Plastic Collar With Mandibular/Occipital Piece)	\$ 93.56	Purchase	
L0160	Cervical, Semi-Rigid, Wire Frame Occipital/Mandibular Support, Prefabricated, Off-The-Shelf	\$ 113.66	Purchase	
L0170	Cervical, Collar, Molded To Patient Model	\$ 468.04	Purchase	
L0172	Cervical, Collar, Semi-Rigid Thermoplastic Foam, Two-Piece, Prefabricated, Off-The-Shelf	\$ 114.21	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
L0174	Cervical, Collar, Semi-Rigid, Thermoplastic Foam, Two Piece With Thoracic Extension, Prefabricated, Off-The-Shelf	\$ 278.22	Purchase	
L0180	Cervical, Multiple Post Collar, Occipital/Mandibular Supports, Adjustable	\$ 268.89	Purchase	
L0190	Cervical, Multiple Post Collar, Occipital/Mandibular Supports, Adjustable Cervical Bars (Somi, Guilford, Taylor Types)	\$ 373.29	Purchase	
L0200	Cervical, Multiple Post Collar, Occipital/Mandibular Supports, Adjustable Cervical Bars, And Thoracic Extension	\$ 405.38	Purchase	
L0220	Thoracic, Rib Belt, Custom Fabricated	\$ 106.05	Purchase	
L0450	Tlso, Flexible, Provides Trunk Support, Upper Thoracic Region, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Disks With Rigid Stays Or Panel(S), Includes Shoulder Straps And Closures, Prefabricated, Off-The-Shelf	\$ 155.67	Purchase	
L0452	Tlso, Flexible, Provides Trunk Support, Upper Thoracic Region, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Disks With Rigid Stays Or Panel(S), Includes Shoulder Straps And Closures, Custom Fabricated	Price By Report	Purchase	
L0454	Tlso Flexible, Provides Trunk Support, Extends From Sacrococcygeal Junction To Above T-9 Vertebra, Restricts Gross Trunk Motion In The Sagittal Plane, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Disks With Rigid Stays Or Panel(S), Inc	\$ 335.86	Purchase	
L0455	Tlso, Flexible, Provides Trunk Support, Extends From Sacrococcygeal Junction To Above T-9 Vertebra, Restricts Gross Trunk Motion In The Sagittal Plane, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Disks With Rigid Stays Or Panel(S), Inc	\$ 339.23	Purchase	
L0456	Tlso, Flexible, Provides Trunk Support, Thoracic Region, Rigid Posterior Panel And Soft Anterior Apron, Extends From The Sacrococcygeal Junction And Terminates Just Inferior To The Scapular Spine, Restricts Gross Trunk Motion In The Sagittal Plane, Produces	\$ 963.15	Purchase	
L0457	Tlso, Flexible, Provides Trunk Support, Thoracic Region, Rigid Posterior Panel And Soft Anterior Apron, Extends From The Sacrococcygeal Junction And Terminates Just Inferior To The Scapular Spine, Restricts Gross Trunk Motion In The Sagittal Plane, Produces	\$ 972.78	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
L0458	Tlso, Triplanar Control, Modular Segmented Spinal System, Two Rigid Plastic Shells, Posterior Extends From The Sacrococcygeal Junction And Terminates Just Inferior To The Scapular Spine, Anterior Extends From The Symphysis Pubis To The Xiphoid, Soft Liner, Res	\$ 863.66	Purchase	
L0460	Tlso, Triplanar Control, Modular Segmented Spinal System, Two Rigid Plastic Shells, Posterior Extends From The Sacrococcygeal Junction And Terminates Just Inferior To The Scapular Spine, Anterior Extends From The Symphysis Pubis To The Sternal Notch, Soft Line	\$ 972.11	Purchase	
L0462	Tlso, Triplanar Control, Modular Segmented Spinal System, Three Rigid Plastic Shells, Posterior Extends From The Sacrococcygeal Junction And Terminates Just Inferior To The Scapular Spine, Anterior Extends From The Symphysis Pubis To The Sternal Notch, Soft Line	\$ 1,209.13	Purchase	
L0464	Tlso, Triplanar Control, Modular Segmented Spinal System, Four Rigid Plastic Shells, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To The Sternal Notch, Soft Liner, R	\$ 1,439.46	Purchase	
L0466	Tlso, Sagittal Control, Rigid Posterior Frame And Flexible Soft Anterior Apron With Straps, Closures And Padding, Restricts Gross Trunk Motion In Sagittal Plane, Produces Intracavitary Pressure To Reduce Load On Intervertebral Disks, Prefabricated Item That Has	\$ 349.64	Purchase	
L0467	Tlso, Sagittal Control, Rigid Posterior Frame And Flexible Soft Anterior Apron With Straps, Closures And Padding, Restricts Gross Trunk Motion In Sagittal Plane, Produces Intracavitary Pressure To Reduce Load On Intervertebral Disks, Prefabricated, Off-The-Shelf	\$ 353.14	Purchase	
L0468	Tlso, Sagittal-Coronal Control, Rigid Posterior Frame And Flexible Soft Anterior Apron With Straps, Closures And Padding, Extends From Sacrococcygeal Junction Over Scapulae, Lateral Strength Provided By Pelvic, Thoracic, And Lateral Frame Pieces, Restri	\$ 410.54	Purchase	
L0469	Tlso, Sagittal-Coronal Control, Rigid Posterior Frame And Flexible Soft Anterior Apron With Straps, Closures And Padding, Extends From Sacrococcygeal Junction Over Scapulae, Lateral Strength Provided By Pelvic, Thoracic, And Lateral Frame Pieces, Restri	\$ 414.65	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
L0470	Tlso, Triplanar Control, Rigid Posterior Frame And Flexible Soft Anterior Apron With Straps, Closures And Padding, Extends From Sacrococcygeal Junction To Scapula, Lateral Strength Provided By Pelvic, Thoracic, And Lateral Frame Pieces, Rotational Strength	\$ 571.03	Purchase	
L0472	Tlso, Triplanar Control, Hyperextension, Rigid Anterior And Lateral Frame Extends From Symphysis Pubis To Sternal Notch With Two Anterior Components (One Pubic And One Sternal), Posterior And Lateral Pads With Straps And Closures, Limits Spinal Flexion, Restr	\$ 362.15	Purchase	
L0480	Tlso, Triplanar Control, One Piece Rigid Plastic Shell Without Interface Liner, With Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To Sternal N	\$ 1,584.83	Purchase	
L0482	Tlso, Triplanar Control, One Piece Rigid Plastic Shell With Interface Liner, Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To Sternal Notch, Ante	\$ 1,772.11	Purchase	
L0484	Tlso, Triplanar Control, Two Piece Rigid Plastic Shell Without Interface Liner, With Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To Sternal N	\$ 1,912.61	Purchase	
L0486	Tlso, Triplanar Control, Two Piece Rigid Plastic Shell With Interface Liner, Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To Sternal Notch, Late	\$ 1,937.91	Purchase	
L0488	Tlso, Triplanar Control, One Piece Rigid Plastic Shell With Interface Liner, Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To Sternal Notch, Ante	\$ 972.11	Purchase	
L0490	Tlso, Sagittal-Coronal Control, One Piece Rigid Plastic Shell, With Overlapping Reinforced Anterior, With Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates At Or Before The T-9 Vertebra, Anterior Extends From Symphysis Pubis	\$ 273.90	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
L0491	Tlso, Sagittal-Coronal Control, Modular Segmented Spinal System, Two Rigid Plastic Shells, Posterior Extends From The Sacrococcygeal Junction And Terminates Just Inferior To The Scapular Spine, Anterior Extends From The Symphysis Pubis To The Xipho	\$ 743.73	Purchase	
L0492	Tlso, Sagittal-Coronal Control, Modular Segmented Spinal System, Three Rigid Plastic Shells, Posterior Extends From The Sacrococcygeal Junction And Terminates Just Inferior To The Scapular Spine, Anterior Extends From The Symphysis Pubis To The Xipho	\$ 468.72	Purchase	
L0621	Sacroiliac Orthosis, Flexible, Provides Pelvic-Sacral Support, Reduces Motion About The Sacroiliac Joint, Includes Straps, Closures, May Include Pendulous Abdomen Design, Prefabricated, Off-The-Shelf	\$ 102.18	Purchase	
L0622	Sacroiliac Orthosis, Flexible, Provides Pelvic-Sacral Support, Reduces Motion About The Sacroiliac Joint, Includes Straps, Closures, May Include Pendulous Abdomen Design, Custom Fabricated	\$ 231.38	Purchase	
L0623	Sacroiliac Orthosis, Provides Pelvic-Sacral Support, With Rigid Or Semi-Rigid Panels Over The Sacrum And Abdomen, Reduces Motion About The Sacroiliac Joint, Includes Straps, Closures, May Include Pendulous Abdomen Design, Prefabricated, Off-The-Shelf	Price By Report	Purchase	
L0624	Sacroiliac Orthosis, Provides Pelvic-Sacral Support, With Rigid Or Semi-Rigid Panels Placed Over The Sacrum And Abdomen, Reduces Motion About The Sacroiliac Joint, Includes Straps, Closures, May Include Pendulous Abdomen Design, Custom Fabricated	Price By Report	Purchase	
L0625	Lumbar Orthosis, Flexible, Provides Lumbar Support, Posterior Extends From L-1 To Below L-5 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May Include Pendulous Abdomen Design, Shoulder Straps, Sta	\$ 53.47	Purchase	
L0626	Lumbar Orthosis, Sagittal Control, With Rigid Posterior Panel(S), Posterior Extends From L-1 To Below L-5 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May Include Padding, Stays, Shoulder Str	\$ 75.62	Purchase	
L0627	Lumbar Orthosis, Sagittal Control, With Rigid Anterior And Posterior Panels, Posterior Extends From L-1 To Below L-5 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May Include Padding, Should	\$ 398.85	Purchase	



Code	Description	Fee	Purchase or Rental	Prior Auth Status
L0628	Lumbar-Sacral Orthosis, Flexible, Provides Lumbo-Sacral Support, Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May Include Stays, Shoulder	\$ 81.39	Purchase	
L0629	Lumbar-Sacral Orthosis, Flexible, Provides Lumbo-Sacral Support, Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May Include Stays, Shoulder	Price By Report	Purchase	
L0630	Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Posterior Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May Includ	\$ 157.13	Purchase	
L0631	Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Anterior And Posterior Panels, Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, M	\$ 996.13	Purchase	
L0632	Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Anterior And Posterior Panels, Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, M	Price By Report	Purchase	
L0633	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Posterior Frame/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid Lateral Frame/Panels, Produces Intracavitary Pressure To Reduce Load On I	\$ 278.25	Purchase	
L0634	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Posterior Frame/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid Lateral Frame/Panel(S), Produces Intracavitary Pressure To Re	Price By Report	Purchase	
L0635	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Lumbar Flexion, Rigid Posterior Frame/Panel(S), Lateral Articulating Design To Flex The Lumbar Spine, Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid L	\$ 857.33	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
L0636	Lumbar Sacral Orthosis, Sagittal-Coronal Control, Lumbar Flexion, Rigid Posterior Frame/Panels, Lateral Articulating Design To Flex The Lumbar Spine, Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid L	\$ 1,491.91	Purchase	
L0637	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Anterior And Posterior Frame/Panels, Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid Lateral Frame/Panels, Produces Intracavitary Pressure To Re	\$ 1,004.38	Purchase	
L0638	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Anterior And Posterior Frame/Panels, Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid Lateral Frame/Panels, Produces Intracavitary Pressure To Re	\$ 1,277.25	Purchase	
L0639	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Rigid Shell(S)/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Anterior Extends From Symphysis Pubis To Xyphoid, Produces Intracavitary Pressure To Reduce Load On The Intervert	\$ 1,004.38	Purchase	
L0640	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Rigid Shell(S)/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Anterior Extends From Symphysis Pubis To Xyphoid, Produces Intracavitary Pressure To Reduce Load On The Intervert	\$ 1,013.33	Purchase	
L0641	Lumbar Orthosis, Sagittal Control, With Rigid Posterior Panel(S), Posterior Extends From L-1 To Below L-5 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May Include Padding, Stays, Shoulder Str	\$ 76.37	Purchase	
L0642	Lumbar Orthosis, Sagittal Control, With Rigid Anterior And Posterior Panels, Posterior Extends From L-1 To Below L-5 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May Include Padding, Should	\$ 402.84	Purchase	
L0643	Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Posterior Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May Incl	\$ 158.72	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
L0648	Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Anterior And Posterior Panels, Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, M	\$ 1,006.11	Purchase	
L0649	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Posterior Frame/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid Lateral Frame/Panels, Produces Intracavitary Pressure To Reduce Load On I	\$ 281.04	Purchase	
L0650	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Anterior And Posterior Frame/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid Lateral Frame/Panel(S), Produces Intracavitary Pressure To Re	\$ 1,014.43	Purchase	
L0651	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Rigid Shell(S)/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Anterior Extends From Symphysis Pubis To Xyphoid, Produces Intracavitary Pressure To Reduce Load On The Intervert	\$ 1,014.43	Purchase	
L0700	Cervical-Thoracic-Lumbar-Sacral-Orthoses (Ctlso), Anterior-Posterior-Lateral Control, Molded To Patient Model, (Minerva Type)	\$ 1,484.25	Purchase	
L0710	Ctlso, Anterior-Posterior-Lateral-Control, Molded To Patient Model, With Interface Material, (Minerva Type)	\$ 1,732.01	Purchase	
L0810	Halo Procedure, Cervical Halo Incorporated Into Jacket Vest	\$ 1,955.67	Purchase	
L0820	Halo Procedures, Cervical Halo Incorporated Into Plaster Body Jacket	\$ 1,691.90	Purchase	
L0830	Halo Procedures, Cervical Halo Incorporated Into Milwaukee Type Orthosis	\$ 2,275.71	Purchase	
L0859	Addition To Halo Procedure, Magnetic Resonance Image Compatible Systems, Rings And Pins, Any Material	\$ 1,178.78	Purchase	
L0861	Addition To Halo Procedure, Replacement Liner/Interface Material	\$ 208.72	Purchase	
L0970	Tlso, Corset Front	\$ 110.58	Purchase	
L0972	Lso, Corset Front	\$ 80.33	Purchase	
L0974	Tlso, Full Corset	\$ 129.94	Purchase	
L0976	Lso, Full Corset	\$ 147.20	Purchase	
L0978	Axillary Crutch Extension	\$ 139.70	Purchase	
L0980	Peroneal Straps, Prefabricated, Off-The-Shelf, Pair	\$ 12.67	Purchase	
L0982	Stocking Supporter Grips, Prefabricated, Off-The-Shelf, Set Of Four (4)	\$ 11.82	Purchase	
L0984	Protective Body Sock, Prefabricated, Off-The-Shelf, Each	\$ 57.69	Purchase	
L0999	Addition To Spinal Orthosis, Not Otherwise Specified	\$ 340.07	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
L1000	Cervical-Thoracic-Lumbar-Sacral (Ctlso) (Milwaukee), Inclusive Of Furnishing Initial Orthoses, Including Model	\$ 1,716.92	Purchase	
L1001	Cervical Thoracic Lumbar Sacral Orthosis, Immobilizer, Infant Size, Prefabricated, Includes Fitting And Adjustment	Price By Report	Purchase	
L1005	Tension Based Scoliosis Orthosis And Accessory Pads, Includes Fitting And Adjustment	\$ 3,099.53	Purchase	
L1010	Additions To Cervical-Thoracic-Lumbar-Sacral Orthoses (Ctlso) Or Scoliosis Orthoses, Axilla Sling	\$ 48.70	Purchase	
L1020	Additions To Ctlso Or Scoliosis Orthoses, Kyphosis Pad	\$ 62.75	Purchase	
L1025	Addition To Ctlso Or Scoliosis Orthosis, Kyphosis Pad, Floating	\$ 90.48	Purchase	
L1030	Additions To Ctlso Or Scoliosis Orthoses, Lumbar Bolster Pad	\$ 46.14	Purchase	
L1040	Additions To Ctlso Or Scoliosis Orthoses, Lumbar Or Lumbar Rib Pad	\$ 56.61	Purchase	
L1050	Additions To Ctlso Or Scoliosis Orthoses, Sternal Pad	\$ 60.42	Purchase	
L1060	Additions To Ctlso Or Scoliosis Orthoses, Thoracic Pad	\$ 69.41	Purchase	
L1070	Additions To Ctlso Or Scoliosis Orthoses, Trapeze Sling	\$ 65.30	Purchase	
L1080	Additions To Ctlso Or Scoliosis Orthoses, Outrigger	\$ 51.62	Purchase	
L1085	Addition To Ctlso Or Scoliosis Orthosis, Outrigger, Bilateral With Vertical Extensions	\$ 111.72	Purchase	
L1090	Additions To Ctlso Or Scoliosis Orthoses, Lumbar Sling	\$ 71.84	Purchase	
L1100	Additions To Ctlso Or Scoliosis Orthoses, Ring Flange, Plastic Or Leather	\$ 115.42	Purchase	
L1110	Additions To Ctlso Or Scoliosis Orthoses, Ring Flange, Plastic Or Leather, Molded To Patient Model	\$ 185.35	Purchase	
L1120	Additions To Ctlso Or Sio, Scoliosis Orthoses, Covers For Upright, Each	\$ 31.14	Purchase	
L1200	Thoracic-Lumbar-Sacral-Orthoses (Tlso), Inclusive Of Furnishing Initial Orthosis Only	\$ 1,626.94	Purchase	
L1210	Additions To Tlso, (Low Profile) Lateral Thoracic Extension	\$ 302.08	Purchase	
L1220	Additions To Tlso, (Low Profile) Anterior Thoracic Extension	\$ 200.02	Purchase	
L1230	Additions To Tlso, (Low Profile) Milwaukee Type Superstructure	\$ 548.33	Purchase	
L1240	Addition To Tlso (Low Profile), Lumbar Derotation Pad	\$ 67.24	Purchase	
L1250	Addition To Tlso (Low Profile), Anterior Asis Pad	\$ 62.57	Purchase	
L1260	Addition To Tlso (Low Profile), Anterior Thoracic Derotation Pad	\$ 65.51	Purchase	
L1270	Addition To Tlso (Low Profile), Abdominal Pad	\$ 56.24	Purchase	
L1280	Addition To Tlso (Low Profile), Rib Gusset (Elastic), Each	\$ 74.70	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
L1290	Addition To Tlso (Low Profile), Lateral Trochanteric Pad	\$ 68.06	Purchase	
L1300	Other Scoliosis Procedures, Body Jacket Molded To Patient Model	\$ 1,797.49	Purchase	
L1310	Other Scoliosis Procedures, Post-Operative Body Jacket	\$ 1,595.30	Purchase	
L1499	Spinal Orthosis, Not Otherwise Specified	Price By Report	Purchase	
L1600	Hip Orthosis, Abduction Control Of Hip Joints, Flexible, Frejka Type With Cover, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise	\$ 95.64	Purchase	
L1610	Hip Orthosis, Abduction Control Of Hip Joints, Flexible, (Frejka Cover Only), Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise	\$ 31.85	Purchase	
L1620	Hip Orthosis, Abduction Control Of Hip Joints, Flexible, (Pavlik Harness), Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise	\$ 116.01	Purchase	
L1630	Hip Orthosis, Abduction Control Of Hip Joints, Semi-Flexible (Von Rosen Type), Custom-Fabricated	\$ 122.97	Purchase	
L1640	Hip Orthosis, Abduction Control Of Hip Joints, Static, Pelvic Band Or Spreader Bar, Thigh Cuffs, Custom-Fabricated	\$ 410.86	Purchase	
L1650	Hip Orthosis, Abduction Control Of Hip Joints, Static, Adjustable, (Ilfled Type), Prefabricated, Includes Fitting And Adjustment	\$ 189.32	Purchase	
L1652	Hip Orthosis, Bilateral Thigh Cuffs With Adjustable Abductor Spreader Bar, Adult Size, Prefabricated, Includes Fitting And Adjustment, Any Type	\$ 345.20	Purchase	
L1660	Hip Orthosis, Abduction Control Of Hip Joints, Static, Plastic, Prefabricated, Includes Fitting And Adjustment	\$ 148.19	Purchase	
L1680	Hip Orthosis, Abduction Control Of Hip Joints, Dynamic, Pelvic Control, Adjustable Hip Motion Control, Thigh Cuffs (Rancho Hip Action Type), Custom Fabricated	\$ 884.22	Purchase	
L1685	Hip Orthosis, Abduction Control Of Hip Joint, Postoperative Hip Abduction Type, Custom Fabricated	\$ 863.24	Purchase	
L1686	Hip Orthosis, Abduction Control Of Hip Joint, Postoperative Hip Abduction Type, Prefabricated, Includes Fitting And Adjustment	\$ 890.25	Purchase	
L1690	Combination, Bilateral, Lumbo-Sacral, Hip, Femur Orthosis Providing Adduction And Internal Rotation Control, Prefabricated, Includes Fitting And Adjustment	\$ 1,872.63	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
L1700	Legg Perthes Orthosis, (Toronto Type), Custom-Fabricated	\$ 1,108.24	Purchase	
L1710	Legg Perthes Orthosis, (Newington Type), Custom Fabricated	\$ 1,297.34	Purchase	
L1720	Legg Perthes Orthosis, Trilateral, (Tachdijan Type), Custom-Fabricated	\$ 956.29	Purchase	
L1730	Legg Perthes Orthosis, (Scottish Rite Type), Custom-Fabricated	\$ 822.73	Purchase	
L1755	Legg Perthes Orthosis, (Patten Bottom Type), Custom-Fabricated	\$ 1,148.99	Purchase	
L1810	Knee Orthosis, Elastic With Joints, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise	\$ 87.43	Purchase	
L1812	Knee Orthosis, Elastic With Joints, Prefabricated, Off-The-Shelf	\$ 91.32	Purchase	
L1820	Knee Orthosis, Elastic With Condylar Pads And Joints, With Or Without Patellar Control, Prefabricated, Includes Fitting And Adjustment	\$ 122.79	Purchase	
L1830	Knee Orthosis, Immobilizer, Canvas Longitudinal, Prefabricated, Off-The-Shelf	\$ 79.99	Purchase	
L1831	Knee Orthosis, Locking Knee Joint(S), Positional Orthosis, Prefabricated, Includes Fitting And Adjustment	\$ 285.02	Purchase	
L1832	Knee Orthosis, Adjustable Knee Joints (Unicentric Or Polycentric), Positional Orthosis, Rigid Support, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise	\$ 526.44	Purchase	
L1833	Knee Orthosis, Adjustable Knee Joints (Unicentric Or Polycentric), Positional Orthosis, Rigid Support, Prefabricated, Off-The Shelf	\$ 549.98	Purchase	
L1834	Knee Orthosis, Without Knee Joint, Rigid, Custom-Fabricated	\$ 595.08	Purchase	
L1836	Knee Orthosis, Rigid, Without Joint(S), Includes Soft Interface Material, Prefabricated, Off-The-Shelf	\$ 129.23	Purchase	
L1840	Knee Orthosis, Derotation, Medial-Lateral, Anterior Cruciate Ligament, Custom Fabricated	\$ 667.29	Purchase	
L1843	Knee Orthosis, Single Upright, Thigh And Calf, With Adjustable Flexion And Extension Joint (Unicentric Or Polycentric), Medial-Lateral And Rotation Control, With Or Without Varus/Valgus Adjustment, Prefabricated Item That Has Been Trimmed, Bent, Molded,	\$ 868.93	Purchase	
L1844	Knee Orthosis, Single Upright, Thigh And Calf, With Adjustable Flexion And Extension Joint (Unicentric Or Polycentric), Medial-Lateral And Rotation Control, With Or Without Varus/Valgus Adjustment, Custom Fabricated	\$ 1,302.64	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
L1845	Knee Orthosis, Double Upright, Thigh And Calf, With Adjustable Flexion And Extension Joint (Unicentric Or Polycentric), Medial-Lateral And Rotation Control, With Or Without Varus/Valgus Adjustment, Prefabricated Item That Has Been Trimmed, Bent, Molded,	\$ 730.96	Purchase	
L1846	Knee Orthosis, Double Upright, Thigh And Calf, With Adjustable Flexion And Extension Joint (Unicentric Or Polycentric), Medial-Lateral And Rotation Control, With Or Without Varus/Valgus Adjustment, Custom Fabricated	\$ 770.51	Purchase	
L1847	Knee Orthosis, Double Upright With Adjustable Joint, With Inflatable Air Support Chamber(S), Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise	\$ 556.98	Purchase	
L1848	Knee Orthosis, Double Upright With Adjustable Joint, With Inflatable Air Support Chamber(S), Prefabricated, Off-The-Shelf	\$ 562.57	Purchase	
L1850	Knee Orthosis, Swedish Type, Prefabricated, Off-The-Shelf	\$ 237.91	Purchase	
L1851	Knee Orthosis (Ko), Single Upright, Thigh And Calf, With Adjustable Flexion And Extension Joint (Unicentric Or Polycentric), Medial-Lateral And Rotation Control, With Or Without Varus/Valgus Adjustment, Prefabricated, Off-The-Shelf	\$ 840.04	Purchase	
L1852	Knee Orthosis (Ko), Double Upright, Thigh And Calf, With Adjustable Flexion And Extension Joint (Unicentric Or Polycentric), Medial-Lateral And Rotation Control, With Or Without Varus/Valgus Adjustment, Prefabricated, Off-The-Shelf	\$ 730.96	Purchase	
L1860	Knee Orthosis, Modification Of Supracondylar Prosthetic Socket, Custom-Fabricated (Sk)	\$ 778.73	Purchase	
L1900	Ankle Foot Orthosis, Spring Wire, Dorsiflexion Assist Calf Band, Custom-Fabricated	\$ 213.48	Purchase	
L1902	Ankle Orthosis, Ankle Gauntlet Or Similar, With Or Without Joints, Prefabricated, Off-The-Shelf	\$ 69.13	Purchase	
L1904	Ankle Orthosis, Ankle Gauntlet Or Similar, With Or Without Joints, Custom Fabricated	\$ 341.26	Purchase	
L1906	Ankle Foot Orthosis, Multiligamentous Ankle Support, Prefabricated, Off-The-Shelf	\$ 138.84	Purchase	
L1907	Ankle Orthosis, Supramalleolar With Straps, With Or Without Interface/Pads, Custom Fabricated	\$ 544.89	Purchase	
L1910	Ankle Foot Orthosis, Posterior, Single Bar, Clasp Attachment To Shoe Counter, Prefabricated, Includes Fitting And Adjustment	\$ 196.23	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
L1920	Ankle Foot Orthosis, Single Upright With Static Or Adjustable Stop (Phelps Or Perlstein Type), Custom-Fabricated	\$ 319.11	Purchase	
L1930	Ankle Foot Orthosis, Plastic Or Other Material, Prefabricated, Includes Fitting And Adjustment	\$ 223.56	Purchase	
L1932	Afo, Rigid Anterior Tibial Section, Total Carbon Fiber Or Equal Material, Prefabricated, Includes Fitting And Adjustment	\$ 864.12	Purchase	
L1940	Ankle Foot Orthosis, Plastic Or Other Material, Custom-Fabricated	\$ 428.23	Purchase	
L1945	Ankle Foot Orthosis, Plastic, Rigid Anterior Tibial Section (Floor Reaction), Custom-Fabricated	\$ 824.73	Purchase	
L1950	Ankle Foot Orthosis, Spiral, (Institute Of Rehabilitative Medicine Type), Plastic, Custom-Fabricated	\$ 584.83	Purchase	
L1951	Ankle Foot Orthosis, Spiral, (Institute Of Rehabilitative Medicine Type), Plastic Or Other Material, Prefabricated, Includes Fitting And Adjustment	\$ 813.29	Purchase	
L1960	Ankle Foot Orthosis, Posterior Solid Ankle, Plastic, Custom-Fabricated	\$ 479.95	Purchase	
L1970	Ankle Foot Orthosis, Plastic With Ankle Joint, Custom-Fabricated	\$ 647.29	Purchase	
L1971	Ankle Foot Orthosis, Plastic Or Other Material With Ankle Joint, Prefabricated, Includes Fitting And Adjustment	\$ 453.92	Purchase	
L1980	Ankle Foot Orthosis, Single Upright Free Plantar Dorsiflexion, Solid Stirrup, Calf Band/Cuff (Single Bar ĩbkĩ Orthosis), Custom-Fabricated	\$ 287.17	Purchase	
L1990	Ankle Foot Orthosis, Double Upright Free Plantar Dorsiflexion, Solid Stirrup, Calf Band/Cuff (Double Bar ĩbkĩ Orthosis), Custom-Fabricated	\$ 323.49	Purchase	
L2000	Knee Ankle Foot Orthosis, Single Upright, Free Knee, Free Ankle, Solid Stirrup, Thigh And Calf Bands/Cuffs (Single Bar ĩakĩ Orthosis), Custom-Fabricated	\$ 762.63	Purchase	
L2005	Knee Ankle Foot Orthosis, Any Material, Single Or Double Upright, Stance Control, Automatic Lock And Swing Phase Release, Any Type Activation, Includes Ankle Joint, Any Type, Custom Fabricated	\$ 3,976.19	Purchase	
L2006	Knee Ankle Foot Device, Any Material, Single Or Double Upright, Swing And Stance Phase Microprocessor Control With Adjustability, Includes All Components (E.G., Sensors, Batteries, Charger), Any Type Activation, With Or Without Ankle Joint(S), Custom Fabricated	Price By Report	Purchase	PA Required
L2010	Knee Ankle Foot Orthosis, Single Upright, Free Ankle, Solid Stirrup, Thigh And Calf Bands/Cuffs (Single Bar ĩakĩ Orthosis), Without Knee Joint, Custom-Fabricated	\$ 936.74	Purchase	



Code	Description	Fee	Purchase or Rental	Prior Auth Status
L2020	Knee Ankle Foot Orthosis, Double Upright, Free Ankle, Solid Stirrup, Thigh And Calf Bands/Cuffs (Double Bar Īakī Orthosis), Custom-Fabricated	\$ 847.38	Purchase	
L2030	Knee Ankle Foot Orthosis, Double Upright, Free Ankle, Solid Stirrup, Thigh And Calf Bands/Cuffs, (Double Bar Īakī Orthosis), Without Knee Joint, Custom Fabricated	\$ 735.18	Purchase	
L2034	Knee Ankle Foot Orthosis, Full Plastic, Single Upright, With Or Without Free Motion Knee, Medial Lateral Rotation Control, With Or Without Free Motion Ankle, Custom Fabricated	\$ 2,015.49	Purchase	
L2035	Knee Ankle Foot Orthosis, Full Plastic, Static (Pediatric Size), Without Free Motion Ankle, Prefabricated, Includes Fitting And Adjustment	\$ 167.74	Purchase	
L2036	Knee Ankle Foot Orthosis, Full Plastic, Double Upright, With Or Without Free Motion Knee, With Or Without Free Motion Ankle, Custom Fabricated	\$ 1,763.47	Purchase	
L2037	Knee Ankle Foot Orthosis, Full Plastic, Single Upright, With Or Without Free Motion Knee, With Or Without Free Motion Ankle, Custom Fabricated	\$ 1,442.22	Purchase	
L2038	Knee Ankle Foot Orthosis, Full Plastic, With Or Without Free Motion Knee, Multi-Axis Ankle, Custom Fabricated	\$ 1,037.58	Purchase	
L2040	Hip Knee Ankle Foot Orthosis, Torsion Control, Bilateral Rotation Straps, Pelvic Band/Belt, Custom Fabricated	\$ 199.76	Purchase	
L2050	Hip Knee Ankle Foot Orthosis, Torsion Control, Bilateral Torsion Cables, Hip Joint, Pelvic Band/Belt, Custom-Fabricated	\$ 382.49	Purchase	
L2060	Hip Knee Ankle Foot Orthosis, Torsion Control, Bilateral Torsion Cables, Ball Bearing Hip Joint, Pelvic Band/ Belt, Custom-Fabricated	\$ 429.51	Purchase	
L2070	Hip Knee Ankle Foot Orthosis, Torsion Control, Unilateral Rotation Straps, Pelvic Band/Belt, Custom Fabricated	\$ 97.59	Purchase	
L2080	Hip Knee Ankle Foot Orthosis, Torsion Control, Unilateral Torsion Cable, Hip Joint, Pelvic Band/Belt, Custom-Fabricated	\$ 311.44	Purchase	
L2090	Hip Knee Ankle Foot Orthosis, Torsion Control, Unilateral Torsion Cable, Ball Bearing Hip Joint, Pelvic Band/ Belt, Custom-Fabricated	\$ 353.77	Purchase	
L2106	Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Cast Orthosis, Thermoplastic Type Casting Material, Custom-Fabricated	\$ 493.43	Purchase	
L2108	Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Cast Orthosis, Custom-Fabricated	\$ 882.97	Purchase	
L2112	Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Orthosis, Soft, Prefabricated, Includes Fitting And Adjustment	\$ 338.60	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
L2114	Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Orthosis, Semi-Rigid, Prefabricated, Includes Fitting And Adjustment	\$ 424.69	Purchase	
L2116	Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Orthosis, Rigid, Prefabricated, Includes Fitting And Adjustment	\$ 616.42	Purchase	
L2126	Knee Ankle Foot Orthosis, Fracture Orthosis, Femoral Fracture Cast Orthosis, Thermoplastic Type Casting Material, Custom-Fabricated	\$ 975.88	Purchase	
L2128	Knee Ankle Foot Orthosis, Fracture Orthosis, Femoral Fracture Cast Orthosis, Custom-Fabricated	\$ 1,244.42	Purchase	
L2132	Kafo, Fracture Orthosis, Femoral Fracture Cast Orthosis, Soft, Prefabricated, Includes Fitting And Adjustment	\$ 756.95	Purchase	
L2134	Kafo, Fracture Orthosis, Femoral Fracture Cast Orthosis, Semi-Rigid, Prefabricated, Includes Fitting And Adjustment	\$ 701.89	Purchase	
L2136	Kafo, Fracture Orthosis, Femoral Fracture Cast Orthosis, Rigid, Prefabricated, Includes Fitting And Adjustment	\$ 964.65	Purchase	
L2180	Addition To Lower Extremity Fracture Orthosis, Plastic Shoe Insert With Ankle Joints	\$ 132.06	Purchase	
L2182	Addition To Lower Extremity Fracture Orthosis, Drop Lock Knee Joint	\$ 84.50	Purchase	
L2184	Addition To Lower Extremity Fracture Orthosis, Limited Motion Knee Joint	\$ 98.48	Purchase	
L2186	Addition To Lower Extremity Fracture Orthosis, Adjustable Motion Knee Joint, Lerman Type	\$ 130.81	Purchase	
L2188	Addition To Lower Extremity Fracture Othosis, Quadrilateral Brim	\$ 217.36	Purchase	
L2190	Addition To Lower Extremity Fracture Orthosis, Waist Belt	\$ 65.63	Purchase	
L2192	Addition To Lower Extremity Fracture Orthosis, Hip Joint, Pelvic Band, Thigh Flange, And Pelvic Belt	\$ 258.75	Purchase	
L2200	Additions To Lower Extremity, Limited Ankle Motion, Each Joint	\$ 54.90	Purchase	
L2210	Addition To Lower Extremity, Dorsiflexion Assist (Plantar Flexion Resist), Each Joint	\$ 77.61	Purchase	
L2220	Addition To Lower Extremity, Dorsiflexion And Plantar Flexion Assist/Resist, Each Joint	\$ 91.87	Purchase	
L2230	Additions To Lower Extremity, Split Flat Caliper Stirrups And Plate Attachment	\$ 60.75	Purchase	
L2232	Addition To Lower Extremity Orthosis, Rocker Bottom For Total Contact Ankle Foot Orthosis, For Custom Fabricated Orthosis Only	\$ 93.05	Purchase	
L2240	Additions To Lower Extremity, Round Caliper And Plate Attach- Ment	\$ 60.71	Purchase	
L2250	Additions To Lower Extremity, Foot Plate, Molded To Patient Model, Stirrup Attachment	\$ 305.27	Purchase	
L2260	Additions To Lower Extremity, Reinforced Solid Stirrup (Scott-Craig Type)	\$ 166.37	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
L2265	Addition To Lower Extremity, Long Tongue Stirrup	\$ 85.46	Purchase	
L2270	Additions To Lower Extremity, Varus/Valgus Correction ("T") Strap, Padded/Lined Or Malleolus Pad	\$ 51.07	Purchase	
L2275	Addition To Lower Extremity, Varus/Valgus Correction, Plastic Modification, Padded/Lined	\$ 128.99	Purchase	
L2280	Additions To Lower Extremity, Molded Inner Boot	\$ 392.09	Purchase	
L2300	Additions To Lower Extremity, Abduction Bar (Bilateral Hip Involvement), Jointed, Adjustable	\$ 233.13	Purchase	
L2310	Additions To Lower Extremity, Abduction Bar-Straight	\$ 96.89	Purchase	
L2320	Addition To Lower Extremity, Non-Molded Lacer, For Custom Fabricated Orthosis Only	\$ 190.56	Purchase	
L2330	Addition To Lower Extremity, Lacer Molded To Patient Model, For Custom Fabricated Orthosis Only	\$ 374.74	Purchase	
L2335	Addition To Lower Extremity, Anterior Swing Band	\$ 172.99	Purchase	
L2340	Additions To Lower Extremity, Pre-Tibial Shell, Molded To Patient Model	\$ 387.00	Purchase	
L2350	Additions To Lower Extremity, Prosthetic Type, (Bk) Socket, Molded To Patient Model, (Used For 'Ptb' 'Afo' Orthoses)	\$ 755.29	Purchase	
L2360	Additions To Lower Extremity, Extended Steel Shank	\$ 41.73	Purchase	
L2370	Addition To Lower Extremity, Patten Bottom	\$ 186.30	Purchase	
L2375	Addition To Lower Extremity, Torsion Control, Ankle Joint And Half Solid Stirrup	\$ 82.00	Purchase	
L2380	Addition To Lower Extremity, Torsion Control, Straight Knee Joint, Each Joint	\$ 119.14	Purchase	
L2385	Addition To Lower Extremity, Straight Knee Joint, Heavy Duty, Each Joint	\$ 154.63	Purchase	
L2387	Addition To Lower Extremity, Polycentric Knee Joint, For Custom Fabricated Knee Ankle Foot Orthosis, Each Joint	\$ 148.23	Purchase	
L2390	Addition To Lower Extremity, Offset Knee Joint, Each Joint	\$ 105.93	Purchase	
L2395	Addition To Lower Extremity, Offset Knee Joint, Heavy Duty, Each Joint	\$ 134.92	Purchase	
L2397	Addition To Lower Extremity Orthosis, Suspension Sleeve	\$ 111.50	Purchase	
L2405	Addition To Knee Joint, Drop Lock, Each	\$ 81.60	Purchase	
L2415	Addition To Knee Lock With Integrated Release Mechanism ( Bail, Cable, Or Equal), Any Material, Each Joint	\$ 137.96	Purchase	
L2425	Addition To Knee Joint, Disc Or Dial Lock For Adjustable Knee Flexion, Each Joint	\$ 157.90	Purchase	
L2430	Addition To Knee Joint, Ratchet Lock For Active And Progressive Knee Extension, Each Joint	\$ 97.16	Purchase	
L2492	Addition To Knee Joint, Lift Loop For Drop Lock Ring	\$ 92.66	Purchase	
L2500	Additions To Lower Extremity, Thigh/Weight Bearing, Gultea/ Ischial Weight Bearing, Ring	\$ 228.96	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
L2510	Additions To Lower Extremity, Thigh/Weight Bearing, Quadri- Lateral Brim, Molded To Patient Model	\$ 527.14	Purchase	
L2520	Additions To Lower Extremity, Thigh/Weight Bearing, Quadri- Lateral Brim, Custom Fitted	\$ 357.80	Purchase	
L2525	Addition To Lower Extremity, Thigh/Weight Bearing, Ischial Containment/Narrow M-L Brim Molded To Patient Model	\$ 994.67	Purchase	
L2526	Addition To Lower Extremity, Thigh/Weight Bearing, Ischial Containment/Narrow M-L Brim, Custom Fitted	\$ 643.87	Purchase	
L2530	Additions To Lower Extremity, Thigh-Weight Bearing, Lacer, Non-Molded	\$ 227.34	Purchase	
L2540	Additions To Lower Extremity, Thigh/Weight Bearing, Lacer, Molded To Patient Model	\$ 348.27	Purchase	
L2550	Additions To Lower Extremity, Thigh/Weight Bearing, High Roll Cuff	\$ 277.88	Purchase	
L2570	Addition To Lower Extremity, Pelvic Control, Hip Joint, Clevis Type Two Position Joint, Each	\$ 345.66	Purchase	
L2580	Addition To Lower Etremity, Pelvic Control, Pelvic Sling	\$ 440.52	Purchase	
L2600	Additions To Lower Extremity, Pelvic Control, Hip Joint, Clevis Type, Or Thrust Bearing, Free, Each	\$ 161.83	Purchase	
L2610	Additions To Lower Extremity, Pelvic Control, Hip Joint, Clevis Or Thrust Bearing, Lock, Each	\$ 184.50	Purchase	
L2620	Additions To Lower Extremity, Pelvic Control, Hip Joint, Heavy Duty, Each	\$ 194.05	Purchase	
L2622	Addition To Lower Extremity, Pelvic Control, Hip Joint, Adjustable Flexion, Each	\$ 222.56	Purchase	
L2624	Addition To Lower Extremity, Pelvic Control, Hip Joint, Adjustable Flexion, Extension, Abduction Control, Each	\$ 240.30	Purchase	
L2627	Addition To Lower Extremity, Pelvic Control, Plastic, Molded To Patient Model, Reciprocating Hip Joint And Cables	\$ 1,658.78	Purchase	
L2628	Addition To Lower Extremity, Pelvic Control, Metal Frame, Reciprocating Hip Joint And Cables	\$ 1,621.14	Purchase	
L2630	Additions To Lower Extremity, Pelvic Control, Band And Belt, Unilateral	\$ 239.62	Purchase	
L2640	Additions To Lower Extremity, Pelvic Control, Band And Belt, Bilateral	\$ 290.98	Purchase	
L2650	Additions To Lower Extremity, Pelvic And Thoracic Control, Gluteal Pad, Each	\$ 87.09	Purchase	
L2660	Additions To Lower Extremity, Thoracic Control, Thoracic Band	\$ 180.35	Purchase	
L2670	Additions To Lower Extremity, Thoracic Control, Paraspinal Uprights	\$ 165.06	Purchase	
L2680	Additions To Lower Extremity, Thoracic Control, Lateral Support Uprights	\$ 151.41	Purchase	
L2750	Addition To Lower Extremity Orthosis, Plating Chrome Or Nickel, Per Bar	\$ 72.38	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
L2755	Addition To Lower Extremity Orthosis, High Strength, Lightweight Material, All Hybrid Lamination/Prepreg Composite, Per Segment, For Custom Fabricated Orthosis Only	\$ 122.29	Purchase	
L2760	Additions To Lower Extremity Orthoses, Extension, Per Extension, Per Bar (For Lineal Adjustment For Growth)	\$ 58.80	Purchase	
L2768	Orthotic Side Bar Disconnect Device, Per Bar	\$ 126.19	Purchase	
L2780	Addition To Lower Extremity Orthosis, Non-Corrosive Finish, Per Bar	\$ 58.60	Purchase	
L2785	Addition To Lower Extremity Orthosis, Drop Lock Retainer, Each	\$ 27.44	Purchase	
L2795	Addition To Lower Extremity Orthosis, Knee Control, Full Kneecap	\$ 73.57	Purchase	
L2800	Addition To Lower Extremity Orthosis, Knee Control, Knee Cap, Medial Or Lateral Pull, For Use With Custom Fabricated Orthosis Only	\$ 84.88	Purchase	
L2810	Addition To Lower Extremity Orthosis, Knee Control, Condylar Pad	\$ 67.64	Purchase	
L2820	Addition To Lower Extremity Orthosis, Soft Interface For Molded Plastic, Below Knee Section	\$ 100.26	Purchase	
L2830	Addition To Lower Extremity Orthosis, Soft Interface For Molded Plastic, Above Knee Section	\$ 108.46	Purchase	
L2840	Addition To Lower Extremity Orthosis, Tibial Length Sock, Fracture Or Equal, Each	\$ 37.84	Purchase	
L2850	Addition To Lower Extremity Orthosis, Femoral Length Sock, Fracture Or Equal, Each	\$ 68.84	Purchase	
L2861	Addition To Lower Extremity Joint, Knee Or Ankle, Concentric Adjustable Torsion Style Mechanism For Custom Fabricated Orthotics Only, Each	Price By Report	Purchase	
L2999	Lower Extremity Orthoses, Not Otherwise Specified	Price By Report	Purchase	
L3000	Foot, Insert, Removable, Molded To Patient Model, "Ucb" Type, Berkeley Shell, Each	\$ 295.10	Purchase	
L3001	Foot, Insert, Removable, Molded To Patient Model, Spenco, Each	\$ 124.25	Purchase	
L3002	Foot, Insert, Removable, Molded To Patient Model, Plastazote Or Equal, Each	\$ 151.73	Purchase	
L3003	Foot, Insert, Removable, Molded To Patient Model, Silicone Gel, Each	\$ 163.70	Purchase	
L3010	Foot, Insert, Removable, Molded To Patient Model, Longitudinal Arch Support, Each	\$ 163.12	Purchase	
L3020	Foot, Insert, Removable, Molded To Patient Model, Longitudinal/ Metatarsal Support, Each	\$ 186.37	Purchase	
L3030	Foot, Insert, Removable, Formed To Patient Foot, Each	\$ 71.68	Purchase	
L3031	Foot, Insert/Plate, Removable, Addition To Lower Extremity Orthosis, High Strength, Lightweight Material, All Hybrid Lamination/Prepreg Composite, Each	Price By Report	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
L3040	Foot, Arch Support, Removable, Premolded, Longitudinal, Each	\$ 44.23	Purchase	
L3050	Foot, Arch Support, Removable, Premolded, Metatarsal, Each	\$ 44.23	Purchase	
L3060	Foot, Arch Support, Removable, Premolded, Longitudinal/ Metatarsal, Each	\$ 29.05	Purchase	
L3070	Foot, Arch Support, Non-Removable Attached To Shoe, Longitudinal, Each	\$ 11.01	Purchase	
L3080	Foot, Arch Support, Non-Removable Attached To Shoe, Metatarsal, Each	\$ 10.89	Purchase	
L3090	Foot, Arch Support, Non-Removable Attached To Shoe, Longitudinal/Metatarsal, Each	\$ 38.24	Purchase	
L3100	Hallus-Valgus Night Dynamic Splint, Prefabricated, Off-The-Shelf	\$ 40.62	Purchase	
L3140	Foot, Rotation Positioning Device, Including Shoe(S)	\$ 83.64	Purchase	
L3150	Foot, Rotation Positioning Device, Without Shoe(S)	\$ 76.44	Purchase	
L3160	Foot, Adjustable Shoe-Styled Positioning Device	Price By Report	Purchase	
L3170	Foot, Plastic, Silicone Or Equal, Heel Stabilizer, Prefabricated, Off-The-Shelf, Each	\$ 10.69	Purchase	
L3201	Orthopedic Shoe, Oxford With Supinator Or Pronator, Infant	\$ 74.10	Purchase	
L3202	Orthopedic Shoe, Oxford With Supinator Or Pronator, Child	\$ 92.34	Purchase	
L3203	Orthopedic Shoe, Oxford With Supinator Or Pronator, Junior	Price By Report	Purchase	
L3204	Orthopedic Shoe, Hightop With Supinator Or Pronator, Infant	\$ 95.74	Purchase	
L3206	Orthopedic Shoe, Hightop With Supinator Or Pronator, Child	\$ 64.76	Purchase	
L3207	Orthopedic Shoe, Hightop With Supinator Or Pronator, Junior	Price By Report	Purchase	
L3208	Surgical Boot, Each, Infant	Price By Report	Purchase	
L3209	Surgical Boot, Each, Child	Price By Report	Purchase	
L3211	Surgical Boot, Each, Junior	Price By Report	Purchase	
L3212	Benesch Boot, Pair, Infant	Price By Report	Purchase	
L3213	Benesch Boot, Pair, Child	Price By Report	Purchase	
L3214	Benesch Boot, Pair, Junior	Price By Report	Purchase	
L3215	Orthopedic Footwear, Ladies Shoe, Oxford, Each	\$ 88.74	Purchase	
L3216	Orthopedic Footwear, Ladies Shoe, Depth Inlay, Each	\$ 97.17	Purchase	
L3217	Orthopedic Footwear, Ladies Shoe, Hightop, Depth Inlay, Each	Price By Report	Purchase	
L3219	Orthopedic Footwear, Mens Shoe, Oxford, Each	\$ 118.45	Purchase	
L3221	Orthopedic Footwear, Mens Shoe, Depth Inlay, Each	\$ 123.51	Purchase	
L3222	Orthopedic Footwear, Mens Shoe, Hightop, Depth Inlay, Each	\$ 128.38	Purchase	
L3224	Orthopedic Footwear, Woman'S Shoe, Oxford, Used As An Integral Part Of A Brace (Orthosis)	\$ 53.14	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
L3225	Orthopedic Footwear, Man'S Shoe, Oxford, Used As An Integral Part Of A Brace (Orthosis)	\$ 70.90	Purchase	
L3230	Orthopedic Footwear, Custom Shoe, Depth Inlay, Each	\$ 102.17	Purchase	
L3250	Orthopedic Footwear, Custom Molded Shoe, Removable Inner Mold, Prosthetic Shoe, Each	Price By Report	Purchase	
L3251	Foot, Shoe Molded To Patient Model, Silicone Shoe, Each	Price By Report	Purchase	
L3252	Foot, Shoe Molded To Patient Model, Plastazote (Or Similar), Custom Fabricated, Each	\$ 386.27	Purchase	
L3253	Foot, Molded Shoe Plastazote (Or Similar) Custom Fitted, Each	\$ 55.59	Purchase	
L3254	Non-Standard Size Or Width	Price By Report	Purchase	
L3255	Non-Standard Size Or Length	Price By Report	Purchase	
L3257	Orthopedic Footwear, Additional Charge For Split Size	\$ 203.17	Purchase	
L3260	Surgical Boot/Shoe, Each	\$ 18.79	Purchase	
L3265	Plastazote Sandal, Each	\$ 35.00	Purchase	
L3300	Lift, Elevation, Heel, Tapered To Metatarsals, Per Inch	\$ 10.01	Purchase	
L3310	Lift, Elevation, Heel And Sole, Neoprene, Per Inch	\$ 76.20	Purchase	
L3320	Lift, Elevation, Heel And Sole, Cork, Per Inch	\$ 106.40	Purchase	
L3330	Lift, Elevation, Metal Extension (Skate)	\$ 480.43	Purchase	
L3332	Lift, Elevation, Inside Shoe, Tapered, Up To One-Half Inch	\$ 69.06	Purchase	
L3334	Lift, Elevation, Heel, Per Inch	\$ 23.24	Purchase	
L3340	Heel Wedge, Sach	\$ 36.68	Purchase	
L3350	Heel Wedge	\$ 9.48	Purchase	
L3360	Sole Wedge, Outside Sole	\$ 33.44	Purchase	
L3370	Sole Wedge, Between Sole	\$ 20.79	Purchase	
L3380	Clubfoot Wedge	\$ 46.60	Purchase	
L3390	Outflare Wedge	\$ 49.27	Purchase	
L3400	Metatarsal Bar Wedge, Rocker	\$ 38.09	Purchase	
L3410	Metatarsal Bar Wedge, Between Sole	\$ 12.22	Purchase	
L3420	Full Sole And Heel Wedge, Between Sole	\$ 13.46	Purchase	
L3430	Heel, Counter, Plastic Reinforced	\$ 150.55	Purchase	
L3440	Heel, Counter, Leather Reinforced	\$ 71.68	Purchase	
L3450	Heel, Sach Cushion Type	\$ 12.49	Purchase	
L3455	Heel, New Leather, Standard	\$ 6.73	Purchase	
L3460	Heel, New Rubber, Standard	\$ 6.17	Purchase	
L3465	Heel, Thomas With Wedge	\$ 54.98	Purchase	
L3470	Heel, Thomas Extended To Ball	\$ 58.55	Purchase	
L3480	Heel, Pad And Depression For Spur	\$ 6.03	Purchase	
L3485	Heel, Pad, Removable For Spur	\$ 12.02	Purchase	
L3500	Orthopedic Shoe Addition, Insole, Leather	\$ 27.47	Purchase	
L3510	Orthopedic Shoe Addition, Insole, Rubber	\$ 8.55	Purchase	
L3520	Orthopedic Shoe Addition, Insole, Felt Covered With Leather	\$ 29.86	Purchase	
L3530	Orthopedic Shoe Addition, Sole, Half	\$ 29.86	Purchase	
L3540	Orthopedic Shoe Addition, Sole, Full	\$ 14.67	Purchase	
L3550	Orthopedic Shoe Addition, Toe Tap Standard	\$ 8.38	Purchase	
L3560	Orthopedic Shoe Addition, Toe Tap, Horseshoe	\$ 21.45	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
L3570	Orthopedic Shoe Addition, Special Extension To Instep (Leather With Eyelets)	\$ 80.06	Purchase	
L3580	Orthopedic Shoe Addition, Convert Instep To Velcro Closure	\$ 7.45	Purchase	
L3590	Orthopedic Shoe Addition, Convert Firm Shoe Counter To Soft Counter	\$ 50.21	Purchase	
L3595	Orthopedic Shoe Addition, March Bar	\$ 39.41	Purchase	
L3600	Transfer Of An Orthosis From One Shoe To Another, Caliper Plate, Existing	\$ 24.45	Purchase	
L3610	Transfer Of An Orthosis From One Shoe To Another, Caliper Plate, New	\$ 57.63	Purchase	
L3620	Transfer Of An Orthosis From One Shoe To Another, Solid Stirrup, Existing	\$ 56.56	Purchase	
L3630	Transfer Of An Orthosis From One Shoe To Another, Solid Stirrup, New	\$ 57.10	Purchase	
L3640	Transfer Of An Orthosis From One Shoe To Another, Dennis Browne Splint (Riveton), Both Shoes	\$ 57.63	Purchase	
L3649	Orthopedic Shoe, Modification, Addition Or Transfer, Not Otherwise Specified	Price By Report	Purchase	
L3650	Shoulder Orthosis, Figure Of Eight Design Abduction Restrainer, Prefabricated, Off-The-Shelf	\$ 50.25	Purchase	
L3660	Shoulder Orthosis, Figure Of Eight Design Abduction Restrainer, Canvas And Webbing, Prefabricated, Off-The-Shelf	\$ 113.67	Purchase	
L3670	Shoulder Orthosis, Acromio/Clavicular (Canvas And Webbing Type), Prefabricated, Off-The-Shelf	\$ 95.82	Purchase	
L3671	Shoulder Orthosis, Shoulder Joint Design, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment	\$ 794.13	Purchase	
L3674	Shoulder Orthosis, Abduction Positioning (Airplane Design), Thoracic Component And Support Bar, With Or Without Nontorsion Joint/Turnbuckle, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment	\$ 1,041.81	Purchase	
L3675	Shoulder Orthosis, Vest Type Abduction Restrainer, Canvas Webbing Type Or Equal, Prefabricated, Off-The-Shelf	\$ 154.66	Purchase	
L3677	Shoulder Orthosis, Shoulder Joint Design, Without Joints, May Include Soft Interface, Straps, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise	Price By Report	Purchase	
L3678	Shoulder Orthosis, Shoulder Joint Design, Without Joints, May Include Soft Interface, Straps, Prefabricated, Off-The-Shelf	Price By Report	Purchase	
L3702	Elbow Orthosis, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment	\$ 254.48	Purchase	
L3710	Elbow Orthosis, Elastic With Metal Joints, Prefabricated, Off-The-Shelf	\$ 87.79	Purchase	



Code	Description	Fee	Purchase or Rental	Prior Auth Status
L3720	Elbow Orthosis, Double Upright With Forearm/Arm Cuffs, Free Motion, Custom-Fabricated	\$ 554.21	Purchase	
L3730	Elbow Orthosis, Double Upright With Forearm/Arm Cuffs, Extension/ Flexion Assist, Custom-Fabricated	\$ 763.81	Purchase	
L3740	Elbow Orthosis, Double Upright With Forearm/Arm Cuffs, Adjustable Position Lock With Active Control, Custom-Fabricated	\$ 905.55	Purchase	
L3760	Elbow Orthosis (Eo), With Adjustable Position Locking Joint(S), Prefabricated, Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise	\$ 222.85	Purchase	
L3761	Elbow Orthosis (Eo), With Adjustable Position Locking Joint(S), Prefabricated, Off-The-Shelf	Price By Report	Purchase	
L3762	Elbow Orthosis, Rigid, Without Joints, Includes Soft Interface Material, Prefabricated, Off-The-Shelf	\$ 91.60	Purchase	
L3763	Elbow Wrist Hand Orthosis, Rigid, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment	\$ 592.03	Purchase	
L3764	Elbow Wrist Hand Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment	\$ 676.74	Purchase	
L3765	Elbow Wrist Hand Finger Orthosis, Rigid, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment	\$ 1,130.09	Purchase	
L3766	Elbow Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment	\$ 1,196.68	Purchase	
L3806	Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joint(S), Turnbuckles, Elastic Bands/Springs, May Include Soft Interface Material, Straps, Custom Fabricated, Includes Fitting And Adjustment	\$ 400.35	Purchase	
L3807	Wrist Hand Finger Orthosis, Without Joint(S), Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise	\$ 213.01	Purchase	
L3808	Wrist Hand Finger Orthosis, Rigid Without Joints, May Include Soft Interface Material; Straps, Custom Fabricated, Includes Fitting And Adjustment	\$ 319.85	Purchase	
L3809	Wrist Hand Finger Orthosis, Without Joint(S), Prefabricated, Off-The-Shelf, Any Type	\$ 222.56	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
L3891	Addition To Upper Extremity Joint, Wrist Or Elbow, Concentric Adjustable Torsion Style Mechanism For Custom Fabricated Orthotics Only, Each	Price By Report	Purchase	
L3900	Wrist Hand Finger Orthosis, Dynamic Flexor Hinge, Reciprocal Wrist Extension/ Flexion, Finger Flexion/Extension, Wrist Or Finger Driven, Custom-Fabricated	\$ 918.90	Purchase	
L3901	Wrist Hand Finger Orthosis, Dynamic Flexor Hinge, Reciprocal Wrist Extension/ Flexion, Finger Flexion/Extension, Cable Driven, Custom-Fabricated	\$ 1,462.21	Purchase	
L3904	Wrist Hand Finger Orthosis, External Powered, Electric, Custom-Fabricated	\$ 2,772.86	Purchase	
L3905	Wrist Hand Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment	\$ 874.01	Purchase	
L3906	Wrist Hand Orthosis, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment	\$ 346.49	Purchase	
L3908	Wrist Hand Orthosis, Wrist Extension Control Cock-Up, Non Molded, Prefabricated, Off-The-Shelf	\$ 50.76	Purchase	
L3912	Hand Finger Orthosis (Hfo), Flexion Glove With Elastic Finger Control, Prefabricated, Off-The-Shelf	\$ 80.36	Purchase	
L3913	Hand Finger Orthosis, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment	\$ 238.69	Purchase	
L3915	Wrist Hand Orthosis, Includes One Or More Nontorsion Joint(S), Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Indiv	\$ 60.88	Purchase	
L3916	Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joint(S), Elastic Bands	\$ 473.19	Purchase	
L3917	Hand Orthosis, Metacarpal Fracture Orthosis, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise	\$ 93.08	Purchase	
L3918	Hand Finger Orthosis, Metacarpal Fracture Orthosis, Prefabricated, Off-The- Shelf	\$ 94.00	Purchase	
L3919	Hand Orthosis, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment	\$ 238.69	Purchase	
L3921	Hand Finger Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment	\$ 283.07	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
L3923	Hand Finger Orthosis, Without Joints, May Include Soft Interface, Straps, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise	\$ 73.71	Purchase	
L3924	Hand Finger Orthosis, Without Joints, May Include Soft Interface, Straps, And Adjustable	\$ 77.00	Purchase	
L3925	Finger Orthosis, Proximal Interphalangeal (Pip)/Distal Interphalangeal (Dip), Non Torsion Joint/Spring, Extension/Flexion, May Include Soft Interface Material, Prefabricated, Off-The-Shelf	\$ 43.25	Purchase	
L3927	Finger Orthosis, Proximal Interphalangeal (Pip)/Distal Interphalangeal (Dip), Without Joint/Spring, Extension/Flexion (E.G. Static Or Ring Type), May Include Soft Interface Material, Prefabricated, Off-The-Shelf	\$ 30.82	Purchase	
L3929	Hand Finger Orthosis, Includes One Or More Nontorsion Joint(S), Turnbuckles, Elastic Bands/Springs, May Include Soft Interface Material, Straps, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific	\$ 68.51	Purchase	
L3930	Hand Finger Orthosis, Includes One Or More Nontorsion Joint(S), Turnbuckles, Prefabricated, Includes Fitting And Adjustment	\$ 69.21	Purchase	
L3931	Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joint(S), Turnbuckles, Elastic Bands/Springs, May Include Soft Interface Material, Straps, Prefabricated, Includes Fitting And Adjustment	\$ 169.24	Purchase	
L3933	Finger Orthosis, Without Joints, May Include Soft Interface, Custom Fabricated, Includes Fitting And Adjustment	\$ 188.05	Purchase	
L3935	Finger Orthosis, Nontorsion Joint, May Include Soft Interface, Custom Fabricated, Includes Fitting And Adjustment	\$ 194.75	Purchase	
L3956	Addition Of Joint To Upper Extremity Orthosis, Any Material; Per Joint	Price By Report	Purchase	
L3960	Shoulder Elbow Wrist Hand Orthosis, Abduction Positioning, Airplane Design, Prefabricated, Includes Fitting And Adjustment	\$ 521.88	Purchase	
L3961	Shoulder Elbow Wrist Hand Orthosis, Shoulder Cap Design, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment	\$ 1,480.74	Purchase	
L3962	Shoulder Elbow Wrist Hand Orthosis, Abduction Positioning, Erbs Palsey Design, Prefabricated, Includes Fitting And Adjustment	\$ 509.54	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
L3967	Shoulder Elbow Wrist Hand Orthosis, Abduction Positioning (Airplane Design), Thoracic Component And Support Bar, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment	\$ 1,748.26	Purchase	
L3971	Shoulder Elbow Wrist Hand Orthosis, Shoulder Cap Design, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment	\$ 1,659.47	Purchase	
L3973	Shoulder Elbow Wrist Hand Orthosis, Abduction Positioning (Airplane Design), Thoracic Component And Support Bar, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting	\$ 1,748.26	Purchase	
L3975	Shoulder Elbow Wrist Hand Finger Orthosis, Shoulder Cap Design, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment	\$ 1,480.74	Purchase	
L3976	Shoulder Elbow Wrist Hand Finger Orthosis, Abduction Positioning (Airplane Design), Thoracic Component And Support Bar, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment	\$ 1,480.74	Purchase	
L3977	Shoulder Elbow Wrist Hand Finger Orthosis, Shoulder Cap Design, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment	\$ 1,659.47	Purchase	
L3978	Shoulder Elbow Wrist Hand Finger Orthosis, Abduction Positioning (Airplane Design), Thoracic Component And Support Bar, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting	\$ 1,748.26	Purchase	
L3980	Upper Extremity Fracture Orthosis, Humeral, Prefabricated, Includes Fitting And Adjustment	\$ 261.95	Purchase	
L3981	Upper Extremity Fracture Orthosis, Humeral, Prefabricated, Includes Shoulder Cap Design, With Or Without Joints, Forearm Section, May Include Soft Interface, Straps, Includes Fitting And Adjustments	\$ 884.74	Purchase	
L3982	Upper Extremity Fracture Orthosis, Radius/Ulnar, Prefabricated, Includes Fitting And Adjustment	\$ 323.87	Purchase	
L3984	Upper Extremity Fracture Orthosis, Wrist, Prefabricated, Includes Fitting And Adjustment	\$ 335.10	Purchase	
L3995	Addition To Upper Extremity Orthosis, Sock, Fracture Or Equal, Each	\$ 27.71	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
L3999	Upper Limb Orthosis, Not Otherwise Specified	Price By Report	Purchase	
L4000	Replace Girdle For Spinal Orthosis (Ctlso Or So)	\$ 1,049.42	Purchase	
L4002	Replacement Strap, Any Orthosis, Includes All Components, Any Length, Any Type	\$ 37.23	Purchase	
L4010	Replace Trilateral Socket Brim	\$ 527.95	Purchase	
L4020	Replace Quadrilateral Socket Brim, Molded To Patient Model	\$ 625.08	Purchase	
L4030	Replace Quadrilateral Socket Brim, Custom Fitted	\$ 366.40	Purchase	
L4040	Replace Molded Thigh Lacer, For Custom Fabricated Orthosis Only	\$ 309.24	Purchase	
L4045	Replace Non-Molded Thigh Lacer, For Custom Fabricated Orthosis Only	\$ 286.54	Purchase	
L4050	Replace Molded Calf Lacer, For Custom Fabricated Orthosis Only	\$ 299.61	Purchase	
L4055	Replace Non-Molded Calf Lacer, For Custom Fabricated Orthosis Only	\$ 194.02	Purchase	
L4060	Replace High Roll Cuff	\$ 307.50	Purchase	
L4070	Replace Proximal And Distal Upright For Ako	\$ 204.26	Purchase	
L4080	Replace Metal Bands Kafo-Afo, Proximal Thigh	\$ 73.40	Purchase	
L4090	Replace Metal Bands Kafo-Afo, Calf Or Distal Thigh	\$ 65.52	Purchase	
L4100	Replace Leather Cuff Kafo, Proximal Thigh	\$ 75.69	Purchase	
L4110	Replace Leather Cuff Kafo-Afo, Calf Or Distal Thigh	\$ 62.36	Purchase	
L4130	Replace Pretibial Shell	\$ 413.78	Purchase	
L4205	Repair Of Orthotic Device, Labor Component, Per 15 Minutes	\$ 30.13	Purchase	
L4210	Repair Of Orthotic Device, Repair Or Replace Minor Parts	\$ 43.17	Purchase	
L4350	Ankle Control Orthosis, Stirrup Style, Rigid, Includes Any Type Interface (E.G., Pneumatic, Gel), Prefabricated, Off-The-Shelf	\$ 77.41	Purchase	
L4360	Walking Boot, Pneumatic And/Or Vacuum, With Or Without Joints, With Or Without Interface Material, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise	\$ 258.71	Purchase	
L4361	Walking Boot, Pneumatic And/Or Vacuum, With Or Without Joints, With Or Without Interface Material, Prefabricated, Off-The-Shelf	\$ 270.30	Purchase	
L4370	Pneumatic Full Leg Splint, Prefabricated, Off-The-Shelf	\$ 179.30	Purchase	
L4386	Walking Boot, Non-Pneumatic, With Or Without Joints, With Or Without Interface Material, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise	\$ 148.42	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
L4387	Walking Boot, Non-Pneumatic, With Or Without Joints, With Or Without Interface Material, Prefabricated, Off-The-Shelf	\$ 155.06	Purchase	
L4392	Replacement, Soft Interface Material, Static Afo	\$ 22.37	Purchase	
L4394	Replace Soft Interface Material, Foot Drop Splint	\$ 16.34	Purchase	
L4396	Static Or Dynamic Ankle Foot Orthosis, Including Soft Interface Material, Adjustable For Fit, For Positioning, May Be Used For Minimal Ambulation, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific	\$ 154.28	Purchase	
L4397	Static Or Dynamic Ankle Foot Orthosis, Including Soft Interface Material, Adjustable For Fit, For Positioning, May Be Used For Minimal Ambulation, Prefabricated, Off-The-Shelf	\$ 161.19	Purchase	
L4398	Foot Drop Splint, Recumbent Positioning Device, Prefabricated, Off-The-Shelf	\$ 73.49	Purchase	
L4631	Ankle Foot Orthosis, Walking Boot Type, Varus/Valgus Correction, Rocker Bottom, Anterior Tibial Shell, Soft Interface, Custom Arch Support, Plastic Or Other Material, Includes Straps And Closures, Custom Fabricated	\$ 1,332.88	Purchase	
L5000	Partial Foot, Shoe Insert With Longitudinal Arch, Toe Filler	\$ 466.08	Purchase	
L5010	Partial Foot, Molded Socket, Ankle Height, With Toe Filler	\$ 1,032.63	Purchase	
L5020	Partial Foot, Molded Socket, Tibial Tubercle Height, With Toe Filler	\$ 2,161.74	Purchase	
L5050	Ankle, Symes, Molded Socket, Sach Foot	\$ 1,924.89	Purchase	
L5060	Ankle, Symes, Metal Frame, Molded Leather Socket, Articulated Ankle/Foot	\$ 2,609.03	Purchase	
L5100	Below Knee, Molded Socket, Shin, Sach Foot	\$ 1,796.96	Purchase	
L5105	Below Knee, Plastic Socket, Joints And Thigh Lacer, Sach Foot	\$ 2,946.48	Purchase	
L5150	Knee Disarticulation (Or Through Knee), Molded Socket, External Knee Joints, Shin, Sach Foot	\$ 3,007.29	Purchase	
L5160	Knee Disarticulation (Or Through Knee), Molded Socket, Bent Knee Configuration, External Knee Joints, Shin, Sach Foot	\$ 3,311.87	Purchase	
L5200	Above Knee, Molded Socket, Single Axis Constant Friction Knee, Shin, Sach Foot	\$ 2,554.15	Purchase	
L5210	Above Knee, Short Prosthesis, No Knee Joint ("Stubbies"), With Foot Blocks, No Ankle Joints, Each	\$ 2,022.25	Purchase	
L5220	Above Knee, Short Prosthesis, No Knee Joint ("Stubbies"), With Articulated Ankle/Foot, Dynamically Aligned, Each	\$ 2,330.12	Purchase	
L5230	Above Knee, For Proximal Femoral Focal Deficiency, Constant Friction Knee, Shin, Sach Foot	\$ 3,921.67	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
L5250	Hip Disarticulation, Canadian Type; Molded Socket, Hip Joint, Single Axis Constant Friction Knee, Shin, Sach Foot	\$ 5,038.99	Purchase	
L5270	Hip Disarticulation, Tilt Table Type; Molded Socket, Locking Hip Joint, Single Axis Constant Friction Knee, Shin, Sach Foot	\$ 4,596.54	Purchase	
L5280	Hemipelvectomy, Canadian Type; Molded Socket, Hip Joint, Single Axis Constant Friction Knee, Shin, Sach Foot	\$ 5,221.25	Purchase	
L5301	Below Knee, Molded Socket, Shin, Sach Foot, Endoskeletal System	\$ 2,247.68	Purchase	
L5312	Knee Disarticulation (Or Through Knee), Molded Socket, Single Axis Knee, Pylon, Sach Foot, Endoskeletal System	\$ 3,480.13	Purchase	
L5321	Above Knee, Molded Socket, Open End, Sach Foot, Endoskeletal System, Single Axis Knee	\$ 3,278.22	Purchase	
L5331	Hip Disarticulation, Canadian Type, Molded Socket, Endoskeletal System, Hip Joint, Single Axis Knee, Sach Foot	\$ 5,389.83	Purchase	
L5341	Hemipelvectomy, Canadian Type, Molded Socket, Endoskeletal System, Hip Joint, Single Axis Knee, Sach Foot	\$ 5,748.41	Purchase	
L5400	Immediate Post Surgical Or Early Fitting, Application Of Initial Rigid Dressing, Including Fitting, Alignment, Sus- Pension, And One Cast Change, Below Knee	\$ 948.88	Purchase	
L5410	Immediate Post Surgical Or Early Fitting, Application Of Initial Rigid Dressing, Including Fitting, Alignment And Suspension, Below Knee, Each Additional Cast Change And Realignment	\$ 323.05	Purchase	
L5420	Immediate Post Surgical Or Early Fitting, Application Of Initial Rigid Dressing, Including Fitting, Alignment And Sus- Pension And One Cast Change Ak Or Knee Disarticulation	\$ 1,321.71	Purchase	
L5430	Immediate Post Surgical Or Early Fitting, Application Of Initial Rigid Dressing, Incl Fitting, Alignment And Suspension, "Ak" Or Knee Disarticulation, Each Additional Cast Change And Realignment	\$ 389.06	Purchase	
L5450	Immediate Post Surgical Or Early Fitting, Application Of Non- Weight Bearing Rigid Dressing, Below Knee	\$ 378.80	Purchase	
L5460	Immediate Post Surgical Or Early Fitting, Application Of Non- Weight Bearing Rigid Dressing, Above Knee	\$ 443.67	Purchase	
L5500	Initial, Below Knee "Ptb" Type Socket, "Usmc" Or Equal Pylon, No Cover, Sach Foot, Plaster Socket, Direct Formed	\$ 1,308.11	Purchase	
L5505	Initial, Above Knee - Knee Disarticulation, Ischial Level Socket, 'Usmc' Or Equal Pylon, No Cover, Sach Foot Plaster Socket, Direct Formed	\$ 1,522.66	Purchase	
L5510	Preparatory, Below Knee "Ptb" Type Socket, 'Usmc' Or Equal Pylon, No Cover, Sach Foot, Plaster Socket, Molded To Model	\$ 1,303.35	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
L5520	Preparatory, Below Knee "Ptb" Type Socket, "Usmc" Or Equal Pylon, No Cover, Sach Foot, Thermoplastic Or Equal, Direct Formed	\$ 1,111.84	Purchase	
L5530	Preparatory, Below Knee "Ptb" Type Socket, "Usmc" Or Equal Pylon, No Cover, Sach Foot, Thermoplastic Or Equal, Molded To Model	\$ 1,463.23	Purchase	
L5535	Preparatory, Below Knee "Ptb" Type Socket, Usmc Or Equal Pylon, No Cover, Sach Foot, Prefabricated, Adjustable Open End Socket	\$ 1,311.14	Purchase	
L5540	Preparatory, Below Knee "Ptb" Type Socket, "Usmc" Or Equal Pylon, No Cover, Sach Foot, Laminated Socket, Molded To Model	\$ 1,873.87	Purchase	
L5560	Preparatory, Above Knee- Knee Disarticulation, Ischial Level Socket, "Usmc" Or Equal Pylon, No Cover, Sach Foot, Plaster Socket, Molded To Model	\$ 1,836.09	Purchase	
L5570	Preparatory, Above Knee-Knee Disarticulation, Ischial Level Socket, "Usmc" Or Equal Pylon, No Cover, Sach Foot, Thermoplastic Or Equal, Direct Formed	\$ 1,986.99	Purchase	
L5580	Preparatory, Above Knee-Knee Disarticulation Ischial Level Socket, "Usmc" Or Equal Pylon, No Cover, Sach Foot, Thermoplastic Or Equal, Molded To Model	\$ 2,231.87	Purchase	
L5585	Preparatory, Above Knee-Knee Disarticulation, Ischial Level Socket, "Usmc" Or Equal Pylon, No Cover, Sach Foot, Prefabricated Adjustable Open End Socket	\$ 2,237.72	Purchase	
L5590	Preparatory, Above Knee-Knee Disarticulation Ischial Level Socket, "Usmc" Or Equal Pylon No Cover, Sach Foot, Laminated Socket, Molded To Model	\$ 2,832.17	Purchase	
L5595	Preparatory, Hip Disarticulation-Hemipelvectomy, Pylon, No Cover, Sach Foot, Thermoplastic Or Equal, Molded To Patient Model	\$ 3,113.14	Purchase	
L5600	Preparatory, Hip Disarticulation-Hemipelvectomy, Pylon, No Cover, Sach Foot, Laminated Socket, Molded To Patient Model	\$ 3,437.82	Purchase	
L5610	Additions To Lower Extremity, Above Knee, Hydracadence	\$ 2,073.01	Purchase	
L5611	Addition To Lower Extremity, Above Knee-Knee Disarticulation, 4 Bar Linkage, With Friction Swing Phase Control	\$ 1,981.74	Purchase	
L5613	Addition To Lower Extremity, Above Knee-Knee Disarticulation, 4 Bar Linkage, With Hydraulic Swing Phase Control	\$ 2,375.41	Purchase	
L5614	Additions To Lower Extremity, Above Knee, Disarticulation, 4-Bar Link	\$ 3,372.96	Purchase	
L5616	Additions To Lower Extremity, Above Knee, Universal Multiplex System, Friction Swing Phase Control	\$ 1,378.83	Purchase	
L5617	Addition To Lower Extremity, Quick Change Self-Aligning Unit, Above Knee Or Below Knee, Each	\$ 496.65	Purchase	



Code	Description	Fee	Purchase or Rental	Prior Auth Status
L5618	Additions To Lower Extremity, Test Socket, Symes	\$ 217.44	Purchase	
L5620	Additions To Lower Extremity, Test Socket, Below Knee	\$ 256.47	Purchase	
L5622	Additions To Lower Extremity, Test Socket, Knee Disarticulat- Ion	\$ 280.31	Purchase	
L5624	Additions To Lower Extremity, Test Socket, Above Knee	\$ 336.41	Purchase	
L5626	Additions To Lower Extremity, Test Socket, Hip Disarticulation	\$ 368.63	Purchase	
L5628	Additions To Lower Extremity, Test Socket, Hemipelvectomy	\$ 373.31	Purchase	
L5629	Addition To Lower Extremity, Below Knee, Acrylic Socket	\$ 293.16	Purchase	
L5630	Additions To Lower Extremity, Symes Type, Expandable Wall Socket	\$ 378.93	Purchase	
L5631	Addition To Lower Extremity, Above Knee Or Knee Disarticulation, Acrylic Socket	\$ 405.32	Purchase	
L5632	Additions To Lower Extremity, Symes Type, "Ptb" Brim Design Socket	\$ 211.04	Purchase	
L5634	Additions To Lower Extremity, Symes Type, Posterior Opening (Canadian) Socket	\$ 313.57	Purchase	
L5636	Additions To Lower Extremity, Symes Type, Medial Opening Socket	\$ 262.68	Purchase	
L5637	Addition To Lower Extremity, Below Knee, Total Contact	\$ 266.50	Purchase	
L5638	Additions To Lower Extremity, Below Knee, Leather Socket	\$ 501.69	Purchase	
L5639	Addition To Lower Extremity, Below Knee, Wood Socket	\$ 1,155.81	Purchase	
L5640	Additions To Lower Extremity, Knee Disarticulation, Leather Socket	\$ 659.18	Purchase	
L5642	Additions To Lower Extremity, Above Knee, Leather Socket	\$ 638.70	Purchase	
L5643	Addition To Lower Extremity, Hip Disarticulation, Flexible Inner Socket, External Frame	\$ 1,604.52	Purchase	
L5644	Additions To Lower Extremity, Above Knee, Wood Socket	\$ 608.89	Purchase	
L5645	Addition To Lower Extremity, Below Knee, Flexible Inner Socket, External Frame	\$ 981.40	Purchase	
L5646	Addition To Lower Extremity, Below Knee, Air, Fluid, Gel Or Equal, Cushion Socket	\$ 548.70	Purchase	
L5647	Addition To Lower Extremity, Below Knee Suction Socket	\$ 895.97	Purchase	
L5648	Addition To Lower Extremity, Above Knee, Air, Fluid, Gel Or Equal, Cushion Socket	\$ 678.72	Purchase	
L5649	Addition To Lower Extremity, Ischial Containment/Narrow M-L Socket	\$ 1,955.68	Purchase	
L5650	Additions To Lower Extremity, Total Contact, Above Knee Or Knee Disarticulation Socket	\$ 600.47	Purchase	
L5651	Addition To Lower Extremity, Above Knee, Flexible Inner Socket, External Frame	\$ 1,477.12	Purchase	
L5652	Additions To Lower Extremity, Suction Suspension, Above Knee Or Knee Disarticulation Socket	\$ 449.45	Purchase	
L5653	Additions To Lower Extremity, Knee Disarticulation, Expandable Wall Socket	\$ 599.97	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
L5654	Additions To Lower Extremity, Socket Insert, Symes, (Kemblo, Pelite, Aliplast, Plastazote Or Equal)	\$ 257.77	Purchase	
L5655	Additions To Lower Extremity, Socket Insert, Below Knee (Kemblo, Pelite, Aliplast, Plastazote Or Equal)	\$ 205.08	Purchase	
L5656	Addition To Lower Extremity, Socket Insert, Knee Disarticul- Ation, (Kemblo, Pelite, Aliplast, Plastazote Or Equal)	\$ 295.98	Purchase	
L5658	Additions To Lower Extremity, Socket Insert, Above Knee (Kemblo, Pelite, Aliplast, Plastazote Or Equal)	\$ 322.24	Purchase	
L5661	Addition To Lower Extremity, Socket Insert, Multi-Durometer Symes	\$ 470.50	Purchase	
L5665	Addition To Lower Extremity, Socket Insert, Multi-Durometer, Below Knee	\$ 395.88	Purchase	
L5666	Additions To Lower Extremity, Below Knee, Cuff Suspension	\$ 54.13	Purchase	
L5668	Additions To Lower Extremity, Below Knee, Molded Distal Cushion	\$ 93.15	Purchase	
L5670	Additions To Lower Extremity, Below Knee, Molded Supracondular Suspension ("Pts" Or Similar)	\$ 279.74	Purchase	
L5671	Addition To Lower Extremity, Below Knee / Above Knee Suspension Locking Mechanism (Shuttle, Lanyard Or Equal), Excludes Socket Insert	\$ 611.82	Purchase	
L5672	Additions To Lower Extremity, Below Knee, Removable Medial Brim Suspension	\$ 307.39	Purchase	
L5673	Addition To Lower Extremity, Below Knee/Above Knee, Custom Fabricated From Existing Mold Or Prefabricated, Socket Insert, Silicone Gel, Elastomeric Or Equal, For Use With Locking Mechanism	\$ 698.95	Purchase	
L5676	Additions To Lower Extremity, Below Knee, Knee Joints, Single Axis, Pair	\$ 346.51	Purchase	
L5677	Additions To Lower Extremity, Below Knee, Knee Joints, Polycentric, Pair	\$ 381.20	Purchase	
L5678	Additions To Lower Extremity, Below Knee, Joint Covers, Pair	\$ 39.98	Purchase	
L5679	Addition To Lower Extremity, Below Knee/Above Knee, Custom Fabricated From Existing Mold Or Prefabricated, Socket Insert, Silicone Gel, Elastomeric Or Equal, Not For Use With Locking Mechanism	\$ 582.43	Purchase	
L5680	Additions To Lower Extremity, Below Knee, Thigh Lacer, Non- Molded	\$ 287.30	Purchase	
L5681	Addition To Lower Extremity, Below Knee/Above Knee, Custom Fabricated Socket Insert For Congenital Or Atypical Traumatic Amputee, Silicone Gel, Elastomeric Or Equal, For Use With Or Without Locking Mechanism, Initial Only (For Other Than Initial, Use Code L5673	\$ 1,278.87	Purchase	
L5682	Additions To Lower Extremity, Below Knee, Thigh Lacer, Gluteal/Ischial, Molded	\$ 483.54	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
L5683	Addition To Lower Extremity, Below Knee/Above Knee, Custom Fabricated Socket Insert For Other Than Congenital Or Atypical Traumatic Amputee, Silicone Gel, Elastomeric Or Equal, For Use With Or Without Locking Mechanism, Initial Only (For Other Than Initial, Use	\$ 1,278.87	Purchase	
L5684	Additions To Lower Extremity, Below Knee, Fork Strap	\$ 37.96	Purchase	
L5685	Addition To Lower Extremity Prosthesis, Below Knee, Suspension/Sealing Sleeve, With Or Without Valve, Any Material, Each	\$ 124.28	Purchase	
L5686	Additions To Lower Extremity, Below Knee, Back Check (Extens- Ion Control)	\$ 46.66	Purchase	
L5688	Additions To Lower Extremity, Below Knee, Waist Belt, Webbing	\$ 47.21	Purchase	
L5690	Additions To Lower Extremity, Below Knee, Waist Belt, Padded And Lined	\$ 75.65	Purchase	
L5692	Additions To Lower Extremity, Above Knee, Pelvic Control Belt, Light	\$ 106.33	Purchase	
L5694	Additions To Lower Extremity, Above Knee, Pelvic Control Belt, Padded And Lined	\$ 156.36	Purchase	
L5695	Addition To Lower Extremity, Above Knee, Pelvic Control, Sleeve Suspension, Neoprene Or Equal, Each	\$ 153.28	Purchase	
L5696	Additions To Lower Extremity, Above Knee Or Knee Disarticulat- Ion, Pelvic Joint	\$ 143.06	Purchase	
L5697	Additions To Lower Extremity, Above Knee Or Knee Disarticulat- Ion, Pelvic Band	\$ 67.64	Purchase	
L5698	Additions To Lower Extremity, Above Knee Or Knee Disarticulat- Ion, Silesian Bandage	\$ 80.64	Purchase	
L5699	All Lower Extremity Prosthesis, Shoulder Harness	\$ 144.15	Purchase	
L5700	Replacement, Socket, Below Knee, Molded To Patient Model	\$ 2,617.69	Purchase	
L5701	Replacement, Socket, Above Knee Disarticulation, Including Attachment	\$ 2,928.27	Purchase	
L5702	Replacement, Socket, Hip Disarticulation, Including Hip Joint, Molded To	\$ 4,036.03	Purchase	
L5703	Ankle, Symes, Molded To Patient Model, Socket Without Solid Ankle Cushion Heel (Sach) Foot, Replacement Only	\$ 2,158.99	Purchase	
L5704	Custom Shaped Protective Cover, Below Knee	\$ 546.26	Purchase	
L5705	Custom Shaped Protective Cover, Above Knee	\$ 777.39	Purchase	
L5706	Custom Shaped Protective Cover, Knee Disarticulation	\$ 767.05	Purchase	
L5707	Custom Shaped Protective Cover, Hip Disarticulation	\$ 1,058.27	Purchase	
L5710	Addition, Exoskeletal Knee-Shin System, Single Axis, Manual Lock	\$ 328.13	Purchase	
L5711	Additions Exoskeletal Knee-Shin System, Single Axis, Manual Lock, Ultra-Light Material	\$ 403.70	Purchase	
L5712	Addition, Exoskeletal Knee-Shin System, Single Axis, Friction Swing And Stance Phase Control (Safety Knee)	\$ 333.16	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
L5714	Addition, Exoskeletal Knee-Shin System, Single Axis, Variable Friction Swing Phase Control	\$ 392.41	Purchase	
L5716	Addition, Exoskeletal Knee-Shin System, Polycentric, Mechanical Stance Phase Lock	\$ 751.34	Purchase	
L5718	Addition, Exoskeletal Knee-Shin System, Polycentric, Friction Swing And Stance Phase Control	\$ 939.09	Purchase	
L5722	Addition, Exoskeletal Knee-Shin System, Single Axis, Pneumatic Swing, Friction Stance Phase Control	\$ 776.60	Purchase	
L5724	Addition, Exoskeletal Knee-Shin System, Single Axis, Fluid Swing Phase Control	\$ 1,219.76	Purchase	
L5726	Addition, Exoskeletal Knee-Shin System, Single Axis, External Joints Fluid Swing Phase Control	\$ 1,344.96	Purchase	
L5728	Addition, Exoskeletal Knee-Shin System, Single Axis, Fluid Swing And Stance Phase Control	\$ 2,214.56	Purchase	
L5780	Addition, Exoskeletal Knee-Shin System, Single Axis, Pneumatic/Hydra Pneumatic Swing Phase Control	\$ 888.62	Purchase	
L5781	Addition To Lower Limb Prosthesis, Vacuum Pump, Residual Limb Volume Management And Moisture Evacuation System	\$ 3,882.32	Purchase	
L5782	Addition To Lower Limb Prosthesis, Vacuum Pump, Residual Limb Volume Management And Moisture Evacuation System, Heavy Duty	\$ 4,092.85	Purchase	
L5785	Addition, Exoskeletal System, Below Knee, Ultra-Light Material (Titanium, Carbon Fiber Or Equal)	\$ 401.68	Purchase	
L5790	Addition, Exoskeletal System, Above Knee, Ultra-Light Material (Titanium, Carbon Fiber Or Equal)	\$ 555.94	Purchase	
L5795	Addition, Exoskeletal System, Hip Disarticulation, Ultra-Light Material (Titanium, Carbon Fiber Or Equal)	\$ 830.16	Purchase	
L5810	Addition, Endoskeletal Knee-Shin System, Single Axis, Manual Lock	\$ 417.90	Purchase	
L5811	Addition, Endoskeletal Knee-Shin System, Single Axis, Manual Lock, Ultra-Light Material	\$ 730.40	Purchase	
L5812	Addition, Endoskeletal Knee-Shin System, Single Axis, Friction Swing And Stance Phase Control (Safety Knee)	\$ 537.66	Purchase	
L5814	Addition, Endoskeletal Knee-Shin System, Polycentric, Hydraulic Swing Phase Control, Mechanical Stance Phase Lock	\$ 3,603.55	Purchase	
L5816	Addition, Endoskeletal Knee-Shin System, Polycentric, Mechanical Stance Phase Lock	\$ 876.70	Purchase	
L5818	Addition, Endoskeletal Knee-Shin System, Polycentric, Friction Swing, And Stance Phase Control	\$ 990.00	Purchase	
L5822	Addition, Endoskeletal Knee-Shin System, Single Axis, Pneumatic Swing, Friction Stance Phase Control	\$ 1,456.21	Purchase	
L5824	Addition, Endoskeletal Knee-Shin System, Single Axis, Fluid Swing Phase Control	\$ 1,580.92	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
L5826	Addition, Endoskeletal Knee-Shin System, Single Axis, Hydraulic Swing Phase Control, With Miniature High Activity Frame	\$ 3,030.15	Purchase	
L5828	Addition, Endoskeletal Knee-Shin System, Single Axis, Fluid Swing And Stance Phase Control	\$ 2,929.43	Purchase	
L5830	Addition, Endoskeletal Knee-Shin System, Single Axis, Pneumatic/ Swing Phase Control	\$ 1,467.11	Purchase	
L5840	Addition, Endoskeletal Knee/Shin System, 4-Bar Linkage Or Multiaxial, Pneumatic Swing Phase Control	\$ 2,187.48	Purchase	
L5845	Addition, Endoskeletal, Knee-Shin System, Stance Flexion Feature, Adjustable	\$ 1,739.12	Purchase	
L5848	Addition To Endoskeletal Knee-Shin System, Fluid Stance Extension, Dampening Feature, With Or Without Adjustability	\$ 1,043.35	Purchase	
L5850	Addition, Endoskeletal System, Above Knee Or Hip Disarticulation, Knee Extension Assist	\$ 157.35	Purchase	
L5855	Addition, Endoskeletal System, Hip Disarticulation, Mechanical Hip Extension Assist	\$ 316.54	Purchase	
L5856	Addition To Lower Extremity Prosthesis, Endoskeletal Knee-Shin System, Microprocessor Control Feature, Swing And Stance Phase, Includes Electronic Sensor(S), Any Type	\$ 23,276.17	Purchase	
L5857	Addition To Lower Extremity Prosthesis, Endoskeletal Knee-Shin System, Microprocessor Control Feature, Swing Phase Only, Includes Electronic Sensor(S), Any Type	\$ 8,248.72	Purchase	
L5858	Addition To Lower Extremity Prosthesis, Endoskeletal Knee Shin System, Microprocessor Control Feature, Stance Phase Only, Includes Electronic Sensor(S), Any Type	\$ 18,033.02	Purchase	
L5859	Addition To Lower Extremity Prosthesis, Endoskeletal Knee-Shin System, Powered And Programmable Flexion/Extension Assist Control, Includes Any Type Motor(S)	Price By Report	Purchase	PA Required
L5910	Addition, Endoskeletal System, Below Knee, Alignable System	\$ 445.47	Purchase	
L5920	Addition, Endoskeletal System, Above Knee Or Hip Disarticulation, Alignable System	\$ 648.14	Purchase	
L5925	Addition, Endoskeletal System, Above Knee, Knee Disarticulation Or Hip Disarticulation, Manual Lock	\$ 413.29	Purchase	
L5930	Addition, Endoskeletal System, High Activity Knee Control Frame	\$ 3,255.74	Purchase	
L5940	Addition, Endoskeletal System, Below Knee, Ultra-Light Material (Titanium, Carbon Fiber Or Equal)	\$ 616.97	Purchase	
L5950	Material (Titanium)	\$ 745.71	Purchase	
L5960	Ra-Light Material	\$ 745.36	Purchase	
L5961	Addition, Endoskeletal System, Polycentric Hip Joint, Pneumatic Or Hydraulic Control, Rotation Control, With Or Without Flexion And/Or Extension Control	\$ 4,892.73	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
L5962	Addition, Endoskeletal System, Below Knee, Flexible Protective Outer Surface Covering System	\$ 578.98	Purchase	
L5964	Addition, Endoskeletal System, Above Knee, Flexible Protective Outer Surface Covering System	\$ 818.19	Purchase	
L5966	Addition, Endoskeletal System, Hip Disarticulation, Flexible Protective Outer Surface Covering System	\$ 1,040.42	Purchase	
L5968	Addition To Lower Limb Prosthesis, Multiaxial Ankle With Swing Phase Active Dorsiflexion Feature	\$ 3,525.96	Purchase	
L5969	Addition, Endoskeletal Ankle-Foot Or Ankle System, Power Assist, Includes Any Type Motor(S)	\$ 14,219.03	Purchase	
L5970	All Lower Extremity Prostheses, Foot, External Keel, Sach Foot	\$ 175.54	Purchase	
L5971	All Lower Extremity Prosthesis, Solid Ankle Cushion Heel (Sach) Foot, Replacement Only	\$ 216.67	Purchase	
L5972	All Lower Extremity Prostheses, Foot, Flexible Keel	\$ 406.14	Purchase	
L5973	Endoskeletal Ankle Foot System, Microprocessor Controlled Feature, Dorsiflexion And/Or Plantar Flexion Control, Includes Power Source	\$ 16,922.83	Purchase	
L5974	All Lower Extremity Prostheses, Foot, Single Axis Ankle/Foot	\$ 217.97	Purchase	
L5975	All Lower Extremity Prosthesis, Combination Single Axis Ankle And Flexible Keel Foot	\$ 449.83	Purchase	
L5976	All Lower Extremity Prostheses, Energy Storing Foot (Seattle Carbon Copy Ii Or Equal)	\$ 557.78	Purchase	
L5978	All Lower Extremity Prostheses, Foot, Multiaxial Ankle/Foot	\$ 225.63	Purchase	
L5979	All Lower Extremity Prosthesis, Multi-Axial Ankle, Dynamic Response Foot, One Piece System	\$ 2,135.51	Purchase	
L5980	All Lower Extremity Prostheses, Flex Foot System	\$ 3,822.22	Purchase	PA Required
L5981	All Lower Extremity Prostheses, Flex-Walk System Or Equal	\$ 2,980.15	Purchase	
L5982	All Exoskeletal Lower Extremity Prostheses, Axial Rotation Unit	\$ 595.95	Purchase	
L5984	All Endoskeletal Lower Extremity Prosthesis, Axial Rotation Unit, With Or Without Adjustability	\$ 466.38	Purchase	
L5985	All Endoskeletal Lower Extremity Protheses, Dynamic Prosthetic Pylon	\$ 273.11	Purchase	
L5986	All Lower Extremity Prostheses, Multi-Axial Rotation Unit ("Mcp" Or Equal)	\$ 779.43	Purchase	
L5987	All Lower Extremity Prosthesis, Shank Foot System With Vertical Loading Pylon	\$ 6,980.04	Purchase	PA Required
L5988	Addition To Lower Limb Prosthesis, Vertical Shock Reducing Pylon Feature	\$ 1,938.33	Purchase	
L5990	Addition To Lower Extremity Prosthesis, User Adjustable Heel Height	\$ 1,760.32	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
L5999	Lower Extremity Prosthesis, Not Otherwise Specified	Price By Report	Purchase	
L6000	Partial Hand, Thumb Remaining	\$ 1,027.31	Purchase	
L6010	Partial Hand, Little And/Or Ring Finger Remaining	\$ 1,217.14	Purchase	
L6020	Partial Hand, No Finger Remaining	\$ 1,083.54	Purchase	
L6026	Transcarpal/Metacarpal Or Partial Hand Disarticulation Prosthesis, External Power, Self-Suspended, Inner Socket With Removable Forearm Section, Electrodes And Cables, Two Batteries, Charger, Myoelectric Control Of Terminal Device, Excludes Terminal Device(S)	\$ 4,523.66	Purchase	
L6050	Wrist Disarticulation, Molded Socket, Flexible Elbow Hinges, Triceps Pad	\$ 1,580.53	Purchase	
L6055	Wrist Disarticulation, Molded Socket With Expandable Interface, Flexible Elbow Hinges, Triceps Pad	\$ 2,188.24	Purchase	
L6100	Below Elbow, Molded Socket, Flexible Elbow Hinge, Triceps Pad	\$ 1,564.47	Purchase	
L6110	Below Elbow, Molded Socket, (Muenster Or Northwestern Sus- Pension Types)	\$ 1,614.57	Purchase	
L6120	Below Elbow, Molded Double Wall Split Socket, Step-Up Hinges, Half Cuff	\$ 2,027.14	Purchase	
L6130	Below Elbow, Molded Double Wall Split Socket, Stump Activated Locking Hinge, Half Cuff	\$ 2,038.53	Purchase	
L6200	Elbow Disarticulation, Molded Socket, Outside Locking Hinge, Forearm	\$ 2,357.56	Purchase	
L6205	Elbow Disarticulation, Molded Socket With Expandable Interface, Outside Locking Hinges, Forearm	\$ 2,887.50	Purchase	
L6250	Above Elbow, Molded Double Wall Socket, Internal Locking Elbow, Forearm	\$ 2,099.05	Purchase	
L6300	Shoulder Disarticulation, Molded Socket, Shoulder Bulkhead, Humeral Section, Internal Locking Elbow, Forearm	\$ 3,077.88	Purchase	
L6310	Shoulder Disarticulation, Passive Restoration (Complete Pros- Thesis)	\$ 2,346.25	Purchase	
L6320	Shoulder Disarticulation, Passive Restoration (Shoulder Cap Only)	\$ 1,408.60	Purchase	
L6350	Interscapular Thoracic, Molded Socket, Shoulder Bulkhead, Humeral Section, Internal Locking Elbow, Forearm	\$ 3,536.51	Purchase	
L6360	Intersacpular Thoracic, Passive Restoration (Complete Pros- Thesis)	\$ 2,462.67	Purchase	
L6370	Interscapular Thoracic, Passive Restoration (Shoulder Cap Only)	\$ 1,570.37	Purchase	
L6380	Immediate Post Surgical Or Early Fitting, Application Of Initial Rigid Dressing, Including Fitting Alignment And Suspension Of Components, And One Cast Change, Wrist Disarticulation Or Below Elbow	\$ 900.31	Purchase	
L6382	Immediate Post Surgical Or Early Fitting, Application Of Initial Rigid Dressing Including Fitting Alignment And Suspension Of Components, And One Cast Change, Elbow Disarticulation Or Above Elbow	\$ 1,223.67	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
L6384	Immediate Post Surgical Or Early Fitting, Application Of Initial Rigid Dressing Including Fitting Alignment And Suspension Of Components, And One Cast Change, Shoulder Disarticulation Or Interscapular Thoracic	\$ 1,696.89	Purchase	
L6386	Immediate Post Surgical Or Early Fitting, Each Additional Cast Change And Realignment	\$ 310.48	Purchase	
L6388	Immediate Post Surgical Or Early Fitting, Application Of Rigid Dressing Only	\$ 390.90	Purchase	
L6400	Below Elbow, Molded Socket, Endoskeletal System, Including Soft Prosthetic Tissue Shaping	\$ 2,392.05	Purchase	
L6450	Elbow Disarticulation, Molded Socket, Endoskeletal System, Including Soft Prosthetic Tissue Shaping	\$ 3,178.31	Purchase	
L6500	Above Elbow, Molded Socket, Endoskeletal System, Including Soft Prosthetic Tissue Shaping	\$ 3,125.50	Purchase	
L6550	Shoulder Disarticulation, Molded Socket, Endoskeletal System, Including Soft Prosthetic Tissue Shaping	\$ 3,909.37	Purchase	
L6570	Interscapular Thoracic, Molded Socket, Endoskeletal System, Including Soft Prosthetic Tissue Shaping	\$ 4,067.65	Purchase	
L6580	Preparatory, Wrist Disarticulation Or Below Elbow, Single Wall Plastic Socket, Friction Wrist, Flexible Elbow Hinges, Figure Of Eight Harness, Humeral Cuff, Bowden Cable Control, Usmc Or Equal Pylon, No Cover, Molded To Patient Model	\$ 1,454.40	Purchase	
L6582	Preparatory, Wrist Disarticulation Or Below Elbow, Single Wall Socket, Friction Wrist, Flexible Elbow Hinges, Figure Of Eight Harness, Humeral Cuff, Bowden Cable Control, Usmc Or Equal Pylon, No Cover, Direct Formed	\$ 1,418.80	Purchase	
L6584	Preparatory, Elbow Disarticulation Or Above Elbow, Single Wall Plastic Socket, Friction Wrist, Locking Elbow, Figure Of Eight Harness, Fair Lead Cable Control, Usmc Or Equal Pylon, No Cover, Molded To Patient Model	\$ 1,582.51	Purchase	
L6586	Preparatory, Elbow Disarticulation Or Above Elbow, Single Wall Socket, Friction Wrist, Locking Elbow, Figure Or Eight Harness, Fair Lead Cable Control, Usmc Or Equal Pylon, No Cover, Direct Formed	\$ 1,646.53	Purchase	
L6588	Preparatory, Shoulder Disarticulation Or Interscapular Thoracic, Single Wall Plastic Socket, Shoulder Joint, Locking Elbow, Friction Wrist, Chest Strap,	\$ 2,185.37	Purchase	
L6590	Preparatory, Shoulder Disarticulation Or Interscapular Thoracic, Single Wall Socket, Shoulder Joint, Locking Elbow, Friction Wrist, Chest Strap, Fair Lead Cable Control, Usmc Or Equal Pylon, No Cover, Direct Formed	\$ 2,191.79	Purchase	



Code	Description	Fee	Purchase or Rental	Prior Auth Status
L6600	Upper Extremity Additions, Polycentric Hinge, Pair	\$ 145.03	Purchase	
L6605	Upper Extremity Additions, Single Pivot Hinge, Pair	\$ 143.19	Purchase	
L6610	Upper Extremity Additions, Flexible Metal Hinge, Pair	\$ 131.03	Purchase	
L6611	Addition To Upper Extremity Prosthesis, External Powered, Additional Switch, Any Type	\$ 399.49	Purchase	
L6615	Upper Extremity Additions, Disconnect Locking Wrist Unit	\$ 150.95	Purchase	
L6616	Upper Extremity Addition, Additional Disconnect Insert For Locking Wrist Unit, Each	\$ 50.15	Purchase	
L6620	Upper Extremity Addition, Flexion/Extension Wrist Unit, With Or Without Friction	\$ 263.03	Purchase	
L6621	Upper Extremity Prosthesis Addition, Flexion/Extension Wrist With Or Without Friction, For Use With External Powered Terminal Device	\$ 2,219.39	Purchase	
L6623	Upper Extremity Addition, Spring Assisted Rotational Wrist Unit With Latch Release	\$ 495.95	Purchase	
L6624	Upper Extremity Addition, Flexion/Extension And Rotation Wrist Unit	\$ 3,654.24	Purchase	
L6625	Upper Extremity Additions, Rotation Wrist Unit With Cable Lock	\$ 411.20	Purchase	
L6628	Upper Extremity Addition, Quick Disconnect Hook Adapter, Otto Bock Or Equal	\$ 493.86	Purchase	
L6629	Upper Extremity Addition, Quick Disconnect Lamination Collar With Coupling Piece, Otto Bock Or Equal	\$ 141.72	Purchase	
L6630	Upper Extremity Additions, Stainless Steel, Any Wrist	\$ 166.65	Purchase	
L6632	Upper Extremity Addition, Latex Suspension Sleeve, Each	\$ 66.97	Purchase	
L6635	Upper Extremity Addition, Lift Assist For Elbow	\$ 160.18	Purchase	
L6637	Upper Extremity Addition, Nudge Control Elbow Lock	\$ 283.90	Purchase	
L6638	Upper Extremity Addition To Prosthesis, Electric Locking Feature, Only For Use With Manually Powered Elbow	\$ 2,426.45	Purchase	
L6640	Upper Extremity Additions, Shoulder Abduction Joint, Pair	\$ 226.78	Purchase	
L6641	Upper Extremity Addition, Excursion Amplifier, Pulley Type	\$ 124.84	Purchase	
L6642	Upper Extremity Addition, Excursion Amplifier, Lever Type	\$ 168.13	Purchase	
L6645	Upper Extremity Additions, Shoulder Flexion-Abduction Joint, Each	\$ 246.82	Purchase	
L6646	Upper Extremity Addition, Shoulder Joint, Multipositional Locking, Flexion, Adjustable Abduction Friction Control, For Use With Body Powered Or External Powered System	\$ 3,060.31	Purchase	
L6647	Upper Extremity Addition, Shoulder Lock Mechanism, Body Powered Actuator	\$ 503.88	Purchase	
L6648	Upper Extremity Addition, Shoulder Lock Mechanism, External Powered Actuator	\$ 3,156.26	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
L6650	Upper Extremity Additions, Shoulder Universal Joint, Each	\$ 261.70	Purchase	
L6655	Upper Extremity Additions, Standard Control Cable, Extra	\$ 58.08	Purchase	
L6660	Upper Extremity Additions, Heavy Duty Control Cable	\$ 72.67	Purchase	
L6665	Upper Extremity Additions, Teflon, Or Equal, Cable Lining	\$ 37.07	Purchase	
L6670	Upper Extremity Additions, Hook To Hand, Cable Adapter	\$ 37.07	Purchase	
L6672	Upper Extremity Additions, Harness, Chest Or Shoulder, Saddle Type	\$ 156.33	Purchase	
L6675	Upper Extremity Addition, Harness, (E.G. Figure Of Eight Type), Single Cable Design	\$ 92.84	Purchase	
L6676	Upper Extremity Addition, Harness, (E.G. Figure Of Eight Type), Dual Cable Design	\$ 109.47	Purchase	
L6677	Upper Extremity Addition, Harness, Triple Control, Simultaneous Operation Of Terminal Device And Elbow	\$ 287.82	Purchase	
L6680	Upper Extremity Additions, Test Socket, Wrist Disarticulat- Ion Or Below Elbow	\$ 189.99	Purchase	
L6682	Upper Extremity Additions, Test Socket, Elbow Disarticulat- Ion Or Above Elbow	\$ 207.09	Purchase	
L6684	Upper Extremity Additions, Test Socket, Shoulder Dis- Articulation Or Interscapular Thoracic	\$ 294.40	Purchase	
L6686	Upper Extremity Addition, Suction Socket	\$ 456.44	Purchase	
L6687	Upper Extremity Addition, Frame Type Socket, Below Elbow Or Wrist Disarticulation	\$ 594.66	Purchase	
L6688	Upper Extremity Addition, Frame Type Socket, Above Elbow Or Elbow Disarticulation	\$ 409.59	Purchase	
L6689	Upper Extremity Addition, Frame Type Socket, Shoulder Disarticulation	\$ 694.62	Purchase	
L6690	Upper Extremity Addition, Frame Type Socket, Interscapular-Thoracic	\$ 531.64	Purchase	
L6691	Upper Extremity Addition, Removable Insert, Each	\$ 266.89	Purchase	
L6692	Upper Extremity Addition, Silicone Gel Insert Or Equal, Each	\$ 540.99	Purchase	
L6693	Upper Extremity Addition, Locking Elbow, Forearm Counterbalance	\$ 2,754.67	Purchase	
L6694	Addition To Upper Extremity Prosthesis, Below Elbow/Above Elbow, Custom Fabricated From Existing Mold Or Prefabricated, Socket Insert, Silicone Gel, Elastomeric Or Equal, For Use With Locking Mechanism	\$ 723.00	Purchase	
L6695	Addition To Upper Extremity Prosthesis, Below Elbow/Above Elbow, Custom Fabricated From Existing Mold Or Prefabricated, Socket Insert, Silicone Gel, Elastomeric Or Equal, Not For Use With Locking Mechanism	\$ 602.47	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
L6696	Addition To Upper Extremity Prosthesis, Below Elbow/Above Elbow, Custom Fabricated Socket Insert For Congenital Or Atypical Traumatic Amputee, Silicone Gel, Elastomeric Or Equal, For Use With Or Without Locking Mechanism, Initial Only (For Other Than Initial	\$ 1,278.87	Purchase	
L6697	Addition To Upper Extremity Prosthesis, Below Elbow/Above Elbow, Custom Fabricated Socket Insert For Other Than Congenital Or Atypical Traumatic Amputee, Silicone Gel, Elastomeric Or Equal, For Use With Or Without Locking Mechanism, Initial Only (For	\$ 1,278.87	Purchase	
L6698	Addition To Upper Extremity Prosthesis, Below Elbow/Above Elbow, Lock Mechanism, Excludes Socket Insert	\$ 632.83	Purchase	
L6703	Terminal Device, Passive Hand/Mitt, Any Material, Any Size	\$ 352.92	Purchase	
L6704	Terminal Device, Sport/Recreational/Work Attachment, Any Material, Any Size	\$ 686.98	Purchase	
L6706	Terminal Device, Hook, Mechanical, Voluntary Opening, Any Material, Any Size, Lined Or Unlined	\$ 441.59	Purchase	
L6707	Terminal Device, Hook, Mechanical, Voluntary Closing, Any Material, Any Size, Lined Or Unlined	\$ 1,363.75	Purchase	
L6708	Terminal Device, Hand, Mechanical, Voluntary Opening, Any Material, Any Size	\$ 950.33	Purchase	
L6709	Terminal Device, Hand, Mechanical, Voluntary Closing, Any Material, Any Size	\$ 1,473.63	Purchase	
L6711	Terminal Device, Hook, Mechanical, Voluntary Opening, Any Material, Any Size, Lined Or Unlined, Pediatric	\$ 652.39	Purchase	
L6712	Terminal Device, Hook, Mechanical, Voluntary Closing, Any Material, Any Size, Lined Or Unlined, Pediatric	\$ 1,201.10	Purchase	
L6713	Terminal Device, Hand, Mechanical, Voluntary Opening, Any Material, Any Size, Pediatric	\$ 1,515.89	Purchase	
L6714	Terminal Device, Hand, Mechanical, Voluntary Closing, Any Material, Any Size, Pediatric	\$ 1,283.95	Purchase	
L6721	Terminal Device, Hook Or Hand, Heavy Duty, Mechanical, Voluntary Opening, Any Material, Any Size, Lined Or Unlined	\$ 2,282.09	Purchase	
L6722	Terminal Device, Hook Or Hand, Heavy Duty, Mechanical, Voluntary Closing, Any Material, Any Size, Lined Or Unlined	\$ 1,967.34	Purchase	
L6805	Addition To Terminal Device, Modifier Wrist Unit	\$ 275.32	Purchase	
L6810	Addition To Terminal Device, Precision Pinch Device	\$ 170.22	Purchase	
L6881	Automatic Grasp Feature, Addition To Upper Limb Electric Prosthetic Terminal Device	\$ 3,966.76	Purchase	
L6882	Microprocessor Control Feature, Addition To Upper Limb Prosthetic Terminal Device	\$ 3,009.03	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
L6883	Replacement Socket, Below Elbow/Wrist Disarticulation, Molded To Patient Model, For Use With Or Without External Power	\$ 1,635.42	Purchase	
L6884	Replacement Socket, Above Elbow/Elbow Disarticulation, Molded To Patient Model, For Use With Or Without External Power	\$ 2,130.31	Purchase	
L6885	Replacement Socket, Shoulder Disarticulation/Interscapular Thoracic, Molded To Patient Model, For Use With Or Without External Power	\$ 3,039.38	Purchase	
L6890	Addition To Upper Extremity Prosthesis, Glove For Terminal Device, Any Material, Prefabricated, Includes Fitting And Adjustment	\$ 140.49	Purchase	
L6895	Addition To Upper Extremity Prosthesis, Glove For Terminal Device, Any Material, Custom Fabricated	\$ 441.25	Purchase	
L6900	Hand Restoration (Casts, Shading And Measurements Included), Partial Hand, With Glove, Thumb Or One Finger Remaining	\$ 1,167.82	Purchase	
L6905	Hand Restoration (Casts, Shading And Measurements, Included), Partial Hand, With Glove, Multiple Fingers Remaining	\$ 1,135.17	Purchase	
L6910	Hand Restoration (Casts, Shading And Measurements Included), Partial Hand, With Glove, No Fingers Remaining	\$ 1,105.89	Purchase	
L6915	Hand Restoration (Shading, And Measurements Included), Replacement Glove For Above	\$ 484.02	Purchase	
L6920	Wrist Disarticulation, External Power, Self-Suspended Inner Socket, Removable Forearm Shell, Otto Bock Or Equal, Switch, Cables, Two Batteries And One Charger, Switch Control Of Terminal Device	\$ 6,272.25	Purchase	
L6925	Wrist Disarticulation, External Power, Self-Suspended Inner Socket, Removable Forearm Shell, Otto Bock Or Equal Electrodes, Cables, Two Batteries And One Charger, Myoelectronic Control Of Terminal Device	\$ 6,764.84	Purchase	
L6930	Below Elbow, External Power, Self-Suspended Inner Socket, Removable Forearm Shell, Otto Bock Or Equal Switch, Cables, Two Batteries And One Charger, Switch Control Of Terminal Device	\$ 6,590.21	Purchase	
L6935	Below Elbow, External Power, Self-Suspended Inner Socket, Removable Forearm Shell, Otto Bock Or Equal Electrodes, Cables, Two Batteries And One Charger, Myoelectronic Control Of Terminal Device	\$ 7,075.39	Purchase	
L6940	Elbow Disarticulation, External Power, Molded Inner Socket, Removable Humeral Shell, Outside Locking Hinges, Forearm, Otto Bock Or Equal Switch, Cables, Two Batteries And One Charger, Switch Control Of Terminal Device	\$ 9,044.71	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
L6945	Elbow Disarticulation, External Power, Molded Inner Socket, Removable Humeral Shell, Outside Locking Hinges, Forearm, Otto Bock Or Equal Electrodes, Cables, Two Batteries And One Charger, Myoelectronic Control Of Terminal Device	\$ 10,522.47	Purchase	
L6950	Above Elbow, External Power, Molded Inner Socket, Removable Humeral Shell, Internal Locking Elbow, Forearm, Otto Bock Or Equal Switch, Cables, Two Batteries And One Charger, Switch Control Of Terminal Device	\$ 10,280.59	Purchase	
L6955	Above Elbow, External Power, Molded Inner Socket, Removable Humeral Shell, Internal Locking Elbow, Forearm, Otto Bock Or Equal Electrodes, Cables Two Batteries And One Charger, Myoelectronic Control Of Terminal Device	\$ 12,312.36	Purchase	
L6960	Shoulder Disarticulation, External Power, Molded Inner Socket, Removable Shoulder Shell, Shoulder Bulkhead, Humeral Section, Mechanical Elbow, Forearm, Otto Bock Or Equal Switch, Cables, Two Batteries And One Charger, Switch Control Of Terminal Device	\$ 12,417.91	Purchase	
L6965	Shoulder Disarticulation, External Power, Molded Inner Socket, Removable Shoulder Shell, Shoulder Bulkhead, Humeral Section, Mechanical Elbow, Forearm, Otto Bock Or Equal Electrodes, Cables, Two Batteries And One Charger, Myoelectronic Control Of Ter	\$ 13,454.10	Purchase	
L6970	Interscapular-Thoracic, External Power, Molded Inner Socket, Removable Shoulder Shell, Shoulder Bulkhead, Humeral Section, Mechanical Elbow, Forearm, Otto Bock Or Equal Switch, Cables, Two Batteries And One Charger, Switch Control Of Terminal Device	\$ 13,620.20	Purchase	
L6975	Interscapular-Thoracic, External Power, Molded Inner Socket, Removable Shoulder Shell, Shoulder Bulkhead, Humeral Section, Mechanical Elbow, Forearm, Otto Bock Or Equal Electrodes, Cables, Two Batteries And One Charger, Myoelectronic Control Of Terminal Device	\$ 14,592.70	Purchase	
L7007	Electric Hand, Switch Or Myoelectric Controlled, Adult	\$ 4,541.57	Purchase	
L7008	Electric Hand, Switch Or Myoelectric, Controlled, Pediatric	\$ 4,541.57	Purchase	
L7009	Electric Hook, Switch Or Myoelectric Controlled, Adult	\$ 3,438.25	Purchase	
L7040	Prehensile Actuator, Switch Controlled	\$ 2,179.69	Purchase	
L7045	Electric Hook, Switch Or Myoelectric Ontrolled, Pediatric	\$ 1,249.69	Purchase	
L7170	Electronic Elbow, Hosmer Or Equal, Switch Controlled	\$ 4,756.67	Purchase	
L7180	Electronic Elbow, Microprocessor Sequential Control Of Elbow And Terminal Device	\$ 27,605.30	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
L7181	Electronic Elbow, Microprocessor Simultaneous Control Of Elbow And Terminal Device	\$ 38,877.70	Purchase	
L7185	Electronic Elbow, Adolescent, Variety Village Or Equal, Switch Controlled	\$ 4,934.95	Purchase	
L7186	Electronic Elbow, Child, Variety Village Or Equal, Switch Controlled	\$ 8,944.13	Purchase	
L7190	Electronic Elbow, Adolescent, Variety Village Or Equal, Myoelectronically Controlled	\$ 6,243.72	Purchase	
L7191	Electronic Elbow, Child, Variety Village Or Equal, Myoelectronically Controlled	\$ 9,163.94	Purchase	
L7259	Electronic Wrist Rotator, Any Type	\$ 3,662.36	Purchase	
L7360	Six Volt Battery, Each	\$ 175.83	Purchase	
L7362	Battery Charger, Six Volt, Each	\$ 258.26	Purchase	
L7364	Twelve Volt Battery, Each	\$ 308.09	Purchase	
L7366	Battery Charger, Twelve Volt, Each	\$ 415.02	Purchase	
L7367	Lithium Ion Battery, Rechargeable, Replacement	\$ 377.74	Purchase	
L7368	Lithium Ion Battery Charger, Replacement Only	\$ 489.72	Purchase	
L7400	Addition To Upper Extremity Prosthesis, Below Elbow/Wrist Disarticulation, Ultralight Material (Titanium, Carbon Fiber Or Equal)	\$ 297.40	Purchase	
L7401	Addition To Upper Extremity Prosthesis, Above Elbow Disarticulation, Ultralight Material (Titanium, Carbon Fiber Or Equal)	\$ 332.93	Purchase	
L7402	Addition To Upper Extremity Prosthesis, Shoulder Disarticulation/Interscapular Thoracic, Ultralight Material (Titanium, Carbon Fiber Or Equal)	\$ 359.55	Purchase	
L7403	Addition To Upper Extremity Prosthesis, Below Elbow/Wrist Disarticulation, Acrylic Material	\$ 357.31	Purchase	
L7404	Addition To Upper Extremity Prosthesis, Above Elbow Disarticulation, Acrylic Material	\$ 539.30	Purchase	
L7405	Addition To Upper Extremity Prosthesis, Shoulder Disarticulation/Interscapular Thoracic, Acrylic Material	\$ 705.31	Purchase	
L7499	Upper Extremity Prosthesis, Not Otherwise Specified	Price By Report	Purchase	
L7510	Repair Of Prosthetic Device, Repair Or Replace Minor Parts	\$ 294.18	Purchase	
L7520	Repair Prosthetic Device, Labor Component, Per 15 Minutes	\$ 16.11	Purchase	
L7600	Prosthetic Donning Sleeve, Any Material, Each	Price By Report	Purchase	
L7700	Gasket Or Seal, For Use With Prosthetic Socket Insert, Any Type, Each	Price By Report	Purchase	
L8000	Breast Prosthesis, Mastectomy Bra, Without Integrated Breast Prosthesis Form, Any Size, Any Type	\$ 34.69	Purchase	
L8001	Breast Prosthesis, Mastectomy Bra, With Integrated Breast Prosthesis Form, Unilateral, Any Size, Any Type	\$ 121.69	Purchase	
L8002	Breast Prosthesis, Mastectomy Bra, With Integrated Breast Prosthesis Form, Bilateral, Any Size, Any Type	\$ 160.11	Purchase	
L8010	Breast Prosthesis, Mastectomy Sleeve	\$ 95.47	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
L8015	External Breast Prosthesis Garment, With Mastectomy Form, Post Mastectomy	\$ 58.16	Purchase	
L8020	Breast Prosthesis, Mastectomy Form	\$ 185.06	Purchase	
L8030	Breast Prosthesis, Silicone Or Equal, Without Integral Adhesive	\$ 328.41	Purchase	
L8031	Breast Prosthesis, Silicone Or Equal, With Integral Adhesive	\$ 339.69	Purchase	
L8035	Custom Breast Prosthesis, Post Mastectomy, Molded To Patient Model	\$ 3,554.78	Purchase	
L8039	Breast Prosthesis, Not Otherwise Specified	Price By Report	Purchase	
L8040	Nasal Prosthesis, Provided By A Non-Physician	\$ 2,241.18	Purchase	
L8041	Midfacial Prosthesis, Provided By A Non-Physician	\$ 2,701.51	Purchase	
L8042	Orbital Prosthesis, Provided By A Non-Physician	\$ 3,035.38	Purchase	
L8043	Upper Facial Prosthesis, Provided By A Non-Physician	\$ 3,399.65	Purchase	
L8044	Hemi-Facial Prosthesis, Provided By A Non-Physician	\$ 3,763.86	Purchase	
L8045	Auricular Prosthesis, Provided By A Non-Physician	\$ 2,356.74	Purchase	
L8046	Partial Facial Prosthesis, Provided By A Non-Physician	\$ 2,428.30	Purchase	
L8047	Nasal Septal Prosthesis, Provided By A Non-Physician	\$ 1,244.49	Purchase	
L8048	Unspecified Maxillofacial Prosthesis, By Report, Provided By A Non-Physician	Price By Report	Purchase	
L8049	Repair Or Modification Of Maxillofacial Prosthesis, Labor Component, 15 Minute Increments, Provided By A Non-Physician	Price By Report	Purchase	
L8400	Prosthetic Sheath, Below Knee, Each	\$ 14.53	Purchase	
L8410	Prosthetic Sheath, Above Knee, Each	\$ 16.94	Purchase	
L8415	Prosthetic Sheath, Upper Limb, Each	\$ 18.29	Purchase	
L8417	Prosthetic Sheath/Sock, Including A Gel Cushion Layer, Below Knee Or Above Knee, Each	\$ 72.96	Purchase	
L8420	Prosthetic Sock, Multiple Ply, Below Knee, Each	\$ 17.93	Purchase	
L8430	Prosthetic Sock, Multiple Ply, Above Knee, Each	\$ 22.65	Purchase	
L8435	Prosthetic Sock, Multiple Ply, Upper Limb, Each	\$ 16.25	Purchase	
L8440	Prosthetic Shrinker, Below Knee, Each	\$ 38.58	Purchase	
L8460	Prosthetic Shrinker, Above Knee, Each	\$ 61.49	Purchase	
L8465	Prosthetic Shrinker, Upper Limb, Each	\$ 37.71	Purchase	
L8470	Prosthetic Sock, Single Ply, Fitting, Below Knee, Each	\$ 8.21	Purchase	
L8480	Prosthetic Sock, Single Ply, Fitting, Above Knee, Each	\$ 11.32	Purchase	
L8485	Prosthetic Sock, Single Ply, Fitting, Upper Limb, Each	\$ 10.28	Purchase	
L8499	Unlisted Procedure For Miscellaneous Prosthetic Services	Price By Report	Purchase	
L8500	Artificial Larynx, Any Type	\$ 510.24	Purchase	
L8501	Tracheostomy Speaking Valve	\$ 111.43	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
L8505	Artificial Larynx Replacement Battery / Accessory, Any Type	Price By Report	Purchase	
L8507	Tracheo-Esophageal Voice Prosthesis, Patient Inserted, Any Type, Each	\$ 40.63	Purchase	
L8509	Tracheo-Esophageal Voice Prosthesis, Inserted By A Licensed Health Care Provider, Any Type	\$ 105.95	Purchase	
L8510	Voice Amplifier	\$ 245.20	Purchase	
L8511	Insert For Indwelling Tracheoesophageal Prosthesis, With Or Without Valve, Replacement Only, Each	\$ 70.56	Purchase	
L8512	Gelatin Capsules Or Equivalent, For Use With Tracheoesophageal Voice Prosthesis, Replacement Only, Per 10	\$ 2.13	Purchase	
L8513	Cleaning Device Used With Tracheoesophageal Voice Prosthesis, Pipet, Brush, Or Equal, Replacement Only, Each	\$ 5.06	Purchase	
L8514	Tracheoesophageal Puncture Dilator, Replacement Only, Each	\$ 91.49	Purchase	
L8515	Gelatin Capsule, Application Device For Use With Tracheoesophageal Voice Prosthesis, Each	\$ 61.25	Purchase	
L8600	Implantable Breast Prosthesis, Silicone Or Equal	\$ 794.47	Purchase	
L8603	Injectable Bulking Agent, Collagen Implant, Urinary Tract, 2.5 MI Syringe, Includes Shipping And Necessary Supplies	\$ 417.84	Purchase	
L8604	Injectable Bulking Agent, Dextranomer/Hyaluronic Acid Copolymer Implant, Urinary Tract, 1 MI, Includes Shipping And Necessary Supplies	Price By Report	Purchase	
L8606	Injectable Bulking Agent, Synthetic Implant, Urinary Tract, 1 MI Syringe, Includes Shipping And Necessary Supplies	\$ 210.58	Purchase	
L8607	Injectable Bulking Agent For Vocal Cord Medialization, 0.1 MI, Includes Shipping And Necessary Supplies	Price By Report	Purchase	
L8608	Miscellaneous External Component, Supply Or Accessory For Use With The Argus II Retinal Prosthesis System	Price By Report	Purchase	PA Required
L8610	Ocular Implant	\$ 744.69	Purchase	
L8612	Aqueous Shunt	\$ 641.86	Purchase	
L8613	Ossicula Implant	\$ 245.36	Purchase	
L8614	Cochlear Device, Includes All Internal And External Components	\$ 18,525.93	Purchase	PA Required
L8615	Headset/Headpiece For Use With Cochlear Implant Device Replacement	\$ 438.51	Purchase	
L8616	Microphone For Use With Cochlear Implant Device, Replacement	\$ 102.10	Purchase	
L8617	Transmitting Coil For Use With Cochlear Implant Device Replacement	\$ 89.19	Purchase	
L8618	Transmitter Cable For Use With Cochlear Implant Device Or Auditory Osseointegrated Device, Replacement	\$ 25.50	Purchase	
L8619	Cochlear Implant, External Speech Processor And Controller, Integrated System, Replacement	\$ 7,953.07	Purchase	PA Required



Code	Description	Fee	Purchase or Rental	Prior Auth Status
L8621	Zinc Air Battery For Use With Cochlear Implant Device And Auditory Osseointegrated Sound Processors, Replacement, Each	\$ 0.61	Purchase	
L8622	Alkaline Battery For Use With Cochlear Implant Device Replacement	\$ 0.32	Purchase	
L8623	Lithium Ion Battery For Use With Cochlear Implant Device Speech Processor, Other Than Ear Level, Replacement, Each	\$ 62.90	Purchase	
L8624	Lithium Ion Battery For Use With Cochlear Implant Or Auditory Osseointegrated Device Speech Processor, Ear Level, Replacement, Each	\$ 156.77	Purchase	
L8625	External Recharging System For Battery For Use With Cochlear Implant Or Auditory Osseointegrated Device, Replacement Only, Each	\$ 177.52	Purchase	
L8627	Cochlear Implant, External Speech Processor, Component, Replacement	\$ 6,606.45	Purchase	
L8628	Cochlear Implant, External Controller Component, Replacement	\$ 1,192.20	Purchase	
L8629	Transmitting Coil And Cable, Integrated, For Use With Cochlear Implant Device, Replacement	\$ 170.70	Purchase	
L8630	Metacarpophalangeal Joint Implant	\$ 422.62	Purchase	
L8631	Metacarpal Phalangeal Joint Replacement, Two Or More Pieces, Metal (E.G., Stainless Steel Or Cobalt Chrome), Ceramic-Like Material (E.G., Pyrocarbon), For Surgical Implantation (All Sizes, Includes Entire System)	\$ 2,106.39	Purchase	
L8641	Metatarsal Joint Implant	\$ 445.36	Purchase	
L8642	Hallux Implant	\$ 291.52	Purchase	
L8658	Interphalangeal Joint Spacer, Silicone Or Equal, Each	\$ 388.31	Purchase	
L8659	Interphalangeal Finger Joint Replacement, 2 Or More Pieces, Metal (E.G., Stainless Steel Or Cobalt Chrome), Ceramic-Like Material (E.G., Pyrocarbon) For Surgical Implantation, Any Size	\$ 1,876.09	Purchase	
L8670	Vascular Graft Material, Synthetic, Implant	\$ 531.18	Purchase	
L8679	Implantable Neurostimulator, Pulse Generator, Any Type	\$ 8,282.40	Purchase	
L8680	Implantable Neurostimulator Electrode (With Any Number Of Contact Points), Each	Price By Report	Purchase	
L8681	Patient Programmer (External) For Use With Implantable Programmable Neurostimulator Pulse Generator, Replacement Only	\$ 1,029.42	Purchase	
L8682	Implantable Neurostimulator Radiofrequency Receiver	Price By Report	Purchase	
L8683	Radiofrequency Transmitter (External) For Use With Implantable Neurostimulator Radiofrequency Receiver	Price By Report	Purchase	
L8684	Radiofrequency Transmitter (External) For Use With Implantable Sacral Root Neurostimulator Receiver For Bowel And Bladder Management, Replacement	Price By Report	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
L8685	Implantable Neurostimulator Pulse Generator, Single Array, Rechargeable, Includes Extension	Price By Report	Purchase	PA Required
L8686	Implantable Neurostimulator Pulse Generator, Single Array, Non-Rechargeable, Includes Extension	Price By Report	Purchase	PA Required
L8687	Implantable Neurostimulator Pulse Generator, Dual Array, Rechargeable, Includes Extension	Price By Report	Purchase	PA Required
L8688	Implantable Neurostimulator Pulse Generator, Dual Array, Non-Rechargeable, Includes Extension	Price By Report	Purchase	PA Required
L8689	External Recharging System For Battery (Internal) For Use With Implantable Neurostimulator, Replacement Only	\$ 1,677.06	Purchase	PA Required
L8690	Auditory Osseointegrated Device, Includes All Internal And External Componets	\$ 4,625.09	Purchase	
L8691	Auditory Osseointegrated Device, External Sound Processor, Excludes Transducer/Actuator, Replacement Only, Each	\$ 2,592.48	Purchase	
L8692	Auditory Osseointegrated Device, External Sound Processor, Used Without Osseointegration, Body Worn, Includes Headband Or Other Means Of External Attachment	Price By Report	Purchase	
L8693	Auditory Osseointegrated Device Abutment, Any Length, Replacement Only	\$ 1,474.23	Purchase	
L8694	Auditory Osseointegrated Device, Transducer/Actuator, Replacement Only, Each	\$ 887.65	Purchase	
L8695	External Recharging System For Battery (External) For Use With Implantable Neurostimulator, Replacement Only	\$ 16.20	Purchase	
L8696	Antenna (External) For Use With Implantable Diaphragmatic/Phrenic Nerve Stimulation Device, Replacement, Each	\$ 209.76	Purchase	
L8698	Miscellaneous Component, Supply Or Accessory For Use With Total Artificial Heart System	Price By Report	Purchase	PA Required
L8699	Prosthetic Implant, Not Otherwise Specified	Price By Report	Purchase	
L8701	Powered Upper Extremity Range Of Motion Assist Device, Elbow, Wrist, Hand With Single Or Double Upright(S), Includes Microprocessor, Sensors, All Components And Accessories, Custom Fabricated	Price By Report	Purchase	PA Required
L8702	Powered Upper Extremity Range Of Motion Assist Device, Elbow, Wrist, Hand, Finger, Single Or Double Upright(S), Includes Microprocessor, Sensors, All Components And Accessories, Custom Fabricated	Price By Report	Purchase	PA Required
L9900	Orthotic And Prosthetic Supply, Accessory, And/Or Service Component Of Another Hcpcs "L" Code	Price By Report	Purchase	
Q0477	Power Module Patient Cable For Use With Electric Or Electric/Pneumatic Ventricular Assist Device, Replacement Only	\$ 91.84	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
Q0478	Power Adapter For Use With Electric Or Electric/Pneumatic Ventricular Assist Device, Vehicle Type	\$ 178.66	Purchase	
Q0479	Power Module For Use With Electric Or Electric/Pneumatic Ventricular Assist Device, Replacement Only	\$ 11,742.26	Purchase	
Q0480	Driver For Use With Pneumatic Ventricular Assist Device, Replacement Only	\$ 87,563.65	Purchase	
Q0481	Microprocessor Control Unit For Use With Electric Ventricular Assist Device, Replacement Only	\$ 14,127.36	Purchase	
Q0482	Microprocessor Control Unit For Use With Electric/Pneumatic Combination Ventricular Assist Device, Replacement Only	\$ 4,424.96	Purchase	
Q0483	Monitor/Display Module For Use With Electric Ventricular Assist Device, Replacement Only	\$ 18,228.86	Purchase	
Q0484	Monitor/Display Module For Use With Electric Or Electric/Pneumatic Ventricular Assist Device, Replacement Only	\$ 3,539.97	Purchase	
Q0485	Monitor Control Cable For Use With Electric Ventricular Assist Device, Replacement Only	\$ 341.82	Purchase	
Q0486	Monitor Control Cable For Use With Electric/Pneumatic Ventricular Assist Device, Replacement Only	\$ 284.45	Purchase	
Q0487	Leads (Pneumatic/Electrical) For Use With Any Type Electric/Pneumatic Ventricular Assist Device, Replacement Only	\$ 331.86	Purchase	
Q0489	Power Pack Base For Use With Electric/Pneumatic Ventricular Assist Device, Replacement Only	\$ 15,803.41	Purchase	
Q0490	Emergency Power Source For Use With Electric Ventricular Assist Device, Replacement Only	\$ 683.56	Purchase	
Q0491	Emergency Power Source For Use With Electric/Pneumatic Ventricular Assist Device, Replacement Only	\$ 1,074.68	Purchase	
Q0492	Emergency Power Supply Cable For Use With Electric Ventricular Assist Device, Replacement Only	\$ 86.59	Purchase	
Q0493	Emergency Power Supply Cable For Use With Electric/Pneumatic Ventricular Assist Device, Replacement Only	\$ 246.54	Purchase	
Q0494	Emergency Hand Pump For Use With Electric Or Electric/Pneumatic Ventricular Assist Device, Replacement Only	\$ 208.61	Purchase	
Q0495	Battery/Power Pack Charger For Use With Electric Or Electric/Pneumatic Ventricular Assist Device, Replacement Only	\$ 4,061.10	Purchase	
Q0496	Battery, Other Than Lithium-Ion, For Use With Electric Or Electric/Pneumatic Ventricular Assist Device, Replacement Only	\$ 1,457.58	Purchase	
Q0497	Battery Clips For Use With Electric Or Electric/Pneumatic Ventricular Assist Device, Replacement Only	\$ 455.17	Purchase	
Q0498	Holster For Use With Electric Or Electric/Pneumatic Ventricular Assist Device, Replacement Only	\$ 499.39	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
Q0499	Belt/Vest/Bag For Use To Carry External Peripheral Components Of Any Type Ventricular Assist Device, Replacement Only	\$ 162.25	Purchase	
Q0500	Filters For Use With Electric Or Electric/Pneumatic Ventricular Assist Device, Replacement Only	\$ 29.68	Purchase	
Q0501	Shower Cover For Use With Electric Or Electric/Pneumatic Ventricular Assist Device, Replacement Only	\$ 496.52	Purchase	
Q0502	Mobility Cart For Pneumatic Ventricular Assist Device, Replacement Only	\$ 632.13	Purchase	
Q0503	Battery For Pneumatic Ventricular Assist Device, Replacement Only, Each	\$ 1,264.28	Purchase	
Q0504	Power Adapter For Pneumatic Ventricular Assist Device, Replacement Only, Vehicle Type	\$ 667.13	Purchase	
Q0506	Battery, Lithium-Ion, For Use With Electric Or Electric/Pneumatic Ventricular Assist Device, Replacement Only	\$ 830.39	Purchase	
Q0508	Miscellaneous Supply Or Accessory For Use With An Implanted Ventricular Assist Device	Price By Report	Purchase	
Q0509	Miscellaneous Supply Or Accessory For Use With Any Implanted Ventricular Assist Device For Which Payment Was Not Made Under Medicare Part A	Price By Report	Purchase	
S1040	Cranial Remolding Orthosis Pediatric, Rigid, With Soft Interface Material, Custom Fabricated	\$ 1,722.53	Purchase	
S9445	Patient Education, Not Otherwise Classified, Non-Physician Provider, Individual, Per Session	\$ 15.90	Purchase	
S9500	Home Infusion Therapy, Antibiotic, Antiviral, Or Antifungal Therapy; Once Every 24 Hours; Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Pe	\$ 255.22	Purchase	
S9501	Home Infusion Therapy, Antibiotic, Antiviral, Or Antifungal Therapy; Once Every 12 Hours; Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Pe	\$ 271.18	Purchase	
S9502	Home Infusion Therapy, Antibiotic, Antiviral, Or Antifungal Therapy; Once Every 8 Hours, Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Pe	\$ 311.44	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
S9503	Home Infusion Therapy, Antibiotic, Antiviral, Or Antifungal; Once Every 6 Hours; Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Pe	\$ 483.93	Purchase	
T2029	Specialized Medical Equipment, Not Otherwise Specified, Waiver	\$ 314.91	Purchase	
T4521	Adult Sized Disposable Incontinence Product, Brief/Diaper, Small, Each	Price By Report	Purchase	
T4522	Adult Sized Disposable Incontinence Product, Brief/Diaper, Medium, Each	Price By Report	Purchase	
T4523	Adult Sized Disposable Incontinence Product, Brief/Diaper, Large, Each	Price By Report	Purchase	
T4524	Adult Sized Disposable Incontinence Product, Brief/Diaper, Extra Large, Each	Price By Report	Purchase	
T4525	Adult Sized Disposable Incontinence Product, Protective Underwear/Pull-On, Small Size, Each	Price By Report	Purchase	
T4526	Adult Sized Disposable Incontinence Product, Protective Underwear/Pull-On, Medium Size, Each	Price By Report	Purchase	
T4527	Adult Sized Disposable Incontinence Product, Protective Underwear/Pull-On, Large Size, Each	Price By Report	Purchase	
T4528	Adult Sized Disposable Incontinence Product, Protective Underwear/Pull-On, Extra Large Size, Each	Price By Report	Purchase	
T4529	Pediatric Sized Disposable Incontinence Product, Brief/Diaper, Small/Medium Size, Each	Price By Report	Purchase	
T4530	Pediatric Sized Disposable Incontinence Product, Brief/Diaper, Large Size, Each	Price By Report	Purchase	
T4531	Pediatric Sized Disposable Incontinence Product, Protective Underwear/Pull-On, Small/Medium Size, Each	Price By Report	Purchase	
T4532	Pediatric Sized Disposable Incontinence Product, Protective Underwear/Pull-On, Large Size, Each	Price By Report	Purchase	
T4533	Youth Sized Disposable Incontinence Product, Brief/Diaper, Each	Price By Report	Purchase	
T4534	Youth Sized Disposable Incontinence Product, Protective Underwear/Pull-On, Each	Price By Report	Purchase	
T4535	Disposable Liner/Shield/Guard/Pad/Undergarment, For Incontinence, Each	Price By Report	Purchase	
T4536	Incontinence Product, Protective Underwear/Pull-On, Reusable, Any Size, Each	Price By Report		
T4537	Incontinence Product, Protective Underpad, Reusable, Bed Size, Each	Price By Report	Purchase	
T4538	Diaper Service, Reusable Diaper, Each Diaper	Price By Report	Purchase	
T4539	Incontinence Product, Diaper/Brief, Reusable, Any Size, Each	Price By Report	Purchase	
T4540	Incontinence Product, Protective Underpad, Reusable, Chair Size, Each	Price By Report	Purchase	

Code	Description	Fee	Purchase or Rental	Prior Auth Status
T4541	Incontinence Product, Disposable Underpad, Large, Each	Price By Report	Purchase	
T4542	Incontinence Product, Disposable Underpad, Small Size, Each	Price By Report	Purchase	
T4543	Adult Sized Disposable Incontinence Product, Protective Brief/Diaper, Above Extra Large, Each	Price By Report	Purchase	
T4544	Adult Sized Disposable Incontinence Product, Protective Underwear/Pull-On, Above Extra Large, Each	Price By Report	Purchase	
T4545	Incontinence Product, Disposable, Penile Wrap, Each	Price By Report	Purchase	
T5001	Positioning Seat For Persons With Special Orthopedic Needs, For Use In Vehicles The Usual Rate Of Payment Is Cost Invoice Plus 5%. Please See Prior Auth Paper Work.	Price By Report	Purchase	PA Required
V5014	Repair/Modification Of A Hearing Aid	\$ 148.14	Purchase	
V5050	Hearing Aid, Monaural, In The Ear	\$ 692.83	Purchase	
V5060	Hearing Aid, Monaural, Behind The Ear	\$ 672.67	Purchase	
V5130	Binaural, In The Ear	\$ 1,204.45	Purchase	
V5140	Binaural, Behind The Ear	\$ 1,204.45	Purchase	
V5171	Hearing Aid, Contralateral Routing Device, Monaural, In The Ear (Ite)	\$ 692.83	Purchase	
V5172	Hearing Aid, Contralateral Routing Device, Monaural, In The Canal (Itc)	\$ 692.83	Purchase	
V5181	Hearing Aid, Contralateral Routing Device, Monaural, Behind The Ear (Bte)	\$ 672.67	Purchase	
V5211	Hearing Aid, Contralateral Routing System, Binaural, Ite/Ite	\$ 1,204.45	Purchase	
V5212	Hearing Aid, Contralateral Routing System, Binaural, Ite/Itc	\$ 1,204.45	Purchase	
V5213	Hearing Aid, Contralateral Routing System, Binaural, Ite/Bte	\$ 1,204.45	Purchase	
V5214	Hearing Aid, Contralateral Routing System, Binaural, Itc/Itc	\$ 1,204.45	Purchase	
V5215	Hearing Aid, Contralateral Routing System, Binaural, Itc/Bte	\$ 1,204.45	Purchase	
V5221	Hearing Aid, Contralateral Routing System, Binaural, Bte/Bte	\$ 1,204.45	Purchase	
V5256	Hearing Aid, Digital, Monaural, Ite	\$ 692.83	Purchase	
V5257	Hearing Aid, Digital, Monaural, Bte	\$ 672.67	Purchase	
V5260	Hearing Aid, Digital, Binaural, Ite	\$ 1,204.45	Purchase	
V5261	Hearing Aid, Digital, Binaural, Bte	\$ 1,204.45	Purchase	
V5264	Ear Mold/Insert, Not Disposable, Any Type	\$ 54.72	Purchase	
V5266	Battery For Use In Hearing Device	\$ 1.69	Purchase	
V5299	Hearing Service, Miscellaneous (For Sd Medicaid Pocket Amplifier Only).	\$ 240.89	Purchase	
W8680	Other EPSDT DME	Price By Report	Purchase	PA Required